

Satisfaction with Health Plan (SP) Section

BOX\_00A

=====

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

BOX\_00

=====

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

**PRIVATE INSURANCE AND MEDIGAP SERIES**

BOX\_01

=====

-----  
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |  
| AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |  
| AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING |  
| 'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE |  
WITH LOOP\_01

-----  
OTHERWISE, GO TO BOX\_02

LOOP\_01

=====

-----  
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  
INSURER-TRIPLES-ROSTER, ASK SP01-END\_LP01

-----  
LOOP DEFINITION: LOOP\_01 COLLECTS SATISFACTION  
INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS  
CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND  
PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP  
CYCLES ON TRIPLES THAT MEET THE FOLLOWING  
CONDITIONS:

- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE  
WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS **OR**  
MEDICARE SUPPLEMENT OR MEDIGAP

AND

- PERSON IS A CURRENT RU MEMBER WHO IS THE  
POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE  
OBTAINED THROUGH THIS ESTABLISHMENT

AND

- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED  
TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE  
INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)  
AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN  
BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/  
MEDIGAP BENEFITS'

AND

- PERSON IS CURRENTLY INSURED BY THIS TRIPLE  
-----

-----  
NOTE: PRIVATE INSURANCE IS DEFINED AS:

- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND  
FLAGGED AS 'PROVIDES HEALTH INSURANCE'  
(ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH  
A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED,  
SEE NOTE BELOW)

- DIRECT PURCHASED INSURANCE, THAT IS,  
ESTABLISHMENTS CREATED FROM THE HX23 SERIES  
-----

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

- FOR PRIVATE SOURCES -- POLICYHOLDER HELD  
INSURANCE AT THE TIME OF THE CURRENT ROUND'S  
INTERVIEW DATE [HQ01 IS CODED '1' (WHOLE TIME)  
OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE  
POLICYHOLDER] OR [OE01 OR OE12 OR OE26 IS CODED  
'1' (YES) FOR THE PLAN]

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

OE12 OR OE26 IS CODED '1' (YES)] FOR THE PLAN

-----  
| NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND |  
| PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS |  
| 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS |  
| DIRECT PURCHASED INSURANCE, THAT IS, LOOP\_01 WILL |  
| CYCLE ON THE ESTABLISHMENT PROVIDING THE |  
| INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) |  
**NOT** THE EMPLOYER.

-----  
| NOTE: '-7' (REFUSED) AND '-8' (DON'T KNOW) |  
| RESPONSES AT ANY QUESTION LISTED ABOVE DOES **NOT** |  
MEET THE CRITERIA.

SP01  
=====

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

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 '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  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP03}
- a small problem, or ..... 2 {SP03}
- not a problem? ..... 3 {SP03}
- IF VOLUNTEERED: DON'T HAVE A PERSONAL  
DOCTOR OR NURSE ..... 95 {SP03}
- REF ..... -7 {SP03}
- DK ..... -8 {SP03}

[Code One.]

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP03  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

YES ..... 1 {SP04}  
NO ..... 2 {SP05}  
REF ..... -7 {SP05}  
DK ..... -8 {SP05}

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP04  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays  
in health care while (POLICYHOLDER) (or anyone in the family)  
waited for approval from (PLAN NAME)?

Would you say ...

- a big problem, ..... 1 {SP05}
- a small problem, or ..... 2 {SP05}
- not a problem? ..... 3 {SP05}
- IF VOLUNTEERED: NO VISITS IN LAST  
12 MONTHS ..... 95 {SP05}
- REF ..... -7 {SP05}
- DK ..... -8 {SP05}

[Code One.]

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 24



SP05  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

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

-----  
| 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, 0E11, 0E25, 0E36, OR 0E38.

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP06  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
| DISPLAY THE NAME OF THIS POLICYHOLDER'S CURRENT |  
| ROUND'S PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. |  
| THAT IS, DISPLAY THE NAME OF THE PLAN (PROVIDING |  
| MEDICARE SUPPLEMENT / MEDIGAP BENEFITS OR |  
| HOSPITAL/PHYSICIAN BENEFITS) ENTERED AT HX49, |  
HX51, 0E11, 0E25, 0E36, OR 0E38.

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

SP07  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

YES ..... 1 {SP08}  
NO ..... 2 {SP09}  
REF ..... -7 {SP09}  
DK ..... -8 {SP09}

-----  
| 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, 0E11, 0E25, 0E36, OR 0E38.

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP08  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to  
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}
REF .....	-7	{SP09}
DK .....	-8	{SP09}

[Code One.]

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP09  
=====

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

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

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

YES ..... 1 {SP10}  
NO ..... 2 {SP11}  
REF ..... -7 {SP11}  
DK ..... -8 {SP11}

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP10  
=====

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

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}
- REF ..... -7 {SP11}
- DK ..... -8 {SP11}

[Code One.]

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP11  
=====

{POLICYHOLDER FIRST MIDDLE 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:

[Enter Small Number] .....  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}

-----  
| 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, 0E11, 0E25, 0E36, OR 0E38.

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

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

END\_LP01

=====

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

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

**MEDICARE MANAGED CARE SERIES**

BOX\_02

=====

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

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

LOOP\_02

=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS ROSTER, ASK SP12-END_LP02 |  
-----
```



-----  
| LOOP DEFINITION: LOOP\_02 COLLECTS SATISFACTION |  
| INFORMATION ON ALL PERSONS WITH MEDICARE MANAGED |  
| CARE PLANS. THIS LOOP CYCLES ON PAIRS THAT MEET |  
| THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - MEDICARE COVERAGE IS THROUGH A MANAGED CARE PLAN |  
| AND |  
| - PERSON IS CURRENTLY COVERED BY THE MEDICARE |  
MANAGED CARE PLAN

-----  
| NOTE: MEDICARE MANAGED CARE COVERAGE IS DEFINED |  
| AS: |  
| - IF MEDICARE CREATED IN CURRENT ROUND, THEN HX31 |  
| OR HX32 OR HX32A IS CODED '1' (YES) |  
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND |  
| THERE HAS BEEN NO CHANGE IN MEDICARE COVERAGE |  
| (PR01 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |  
| (DON'T KNOW)), THEN HX31 OR HX32 OR HX32A WAS |  
| CODED '1' (YES) WHEN THE INSURANCE WAS CREATED |  
| OR PR02 OR PR03 OR PR03A WAS CODED '1' (YES) IN |  
| A PREVIOUS ROUND |  
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND |  
| THERE HAS BEEN A CHANGE IN MEDICARE COVERAGE |  
| (PR01 IS CODED '1' (YES)), THEN PR02 OR PR03 OR |  
| PR03A IS CODED '1' (YES) DURING THE CURRENT |  
ROUND

SP12  
=====

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

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.

-----  
| 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).

SP13  
=====

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

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

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP14}
- a small problem, or ..... 2 {SP14}
- not a problem? ..... 3 {SP14}
- IF VOLUNTEERED: DON'T HAVE A PERSONAL  
DOCTOR OR NURSE ..... 95 {SP14}
- REF ..... -7 {SP14}
- DK ..... -8 {SP14}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP14  
====

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

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}  
REF ..... -7 {SP16}  
DK ..... -8 {SP16}

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP15  
=====

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

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}
REF .....	-7	{SP16}
DK .....	-8	{SP16}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

SP16  
=====

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

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

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

YES ..... 1 {SP17}  
NO ..... 2 {SP18}  
REF ..... -7 {SP18}  
DK ..... -8 {SP18}

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP17  
=====

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

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

SHOW CARD SP-1.

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

Would you say ...

a big problem, ..... 1 {SP18}  
a small problem, or ..... 2 {SP18}  
not a problem? ..... 3 {SP18}  
REF ..... -7 {SP18}  
DK ..... -8 {SP18}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

SP18  
=====

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

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

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

YES ..... 1 {SP19}  
NO ..... 2 {SP20}  
REF ..... -7 {SP20}  
DK ..... -8 {SP20}

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP19  
=====

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

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}
REF .....	-7	{SP20}
DK .....	-8	{SP20}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP20  
=====

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

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

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

YES .....	1	{SP21}
NO .....	2	{SP22}
REF .....	-7	{SP22}
DK .....	-8	{SP22}

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP21

=====

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

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}
REF .....	-7	{SP22}
DK .....	-8	{SP22}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FOR SP12

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 38



SP22  
=====

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

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

SHOW CARD SP-2.

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

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

ENTER RATING FROM 0-10:

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

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

-----  
SEE FILL SPECIFICATIONS FOR SP12

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

END\_LP02  
=====

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

-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |  
LOOP\_02 AND CONTINUE WITH BOX\_03

**MEDICAID/SCHIP AND HOSPITAL/PHYSICIAN SERIES**

BOX\_03

=====

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

-----  
OTHERWISE, GO TO BOX\_04

SP23

=====

{NAME OF ESTABLISHMENT.....}

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

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

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

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

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

| DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE |  
| REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC |  
NAME TO USE BY STATE, SEE BOX ON HX06.

SP24  
====

{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 A PERSONAL DOCTOR OR NURSE .....	95	{SP25}
REF .....	-7	{SP25}
DK .....	-8	{SP25}

[Code One.]

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

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

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

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

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

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

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

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP25  
====

{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}  
REF ..... -7 {SP27}  
DK ..... -8 {SP27}

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP26  
=====

{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}
REF .....	-7	{SP27}
DK .....	-8	{SP27}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP24.

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP27  
=====

{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 the program sponsored by a state or local government agency which provides hospital and physician benefits} works **in written material or on the Internet?**

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP28  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP29}
- a small problem, or ..... 2 {SP29}
- not a problem? ..... 3 {SP29}
- REF ..... -7 {SP29}
- DK ..... -8 {SP29}

[Code One.]



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

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

SP29  
=====

{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}  
REF ..... -7 {SP31}  
DK ..... -8 {SP31}

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP30

====

{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}
- REF ..... -7 {SP31}
- DK ..... -8 {SP31}

[Code One.]

-----  
| DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |  
| INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/ |  
| SCHIP OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING |  
| THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |  
|  
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |  
| CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID/ |  
SCHIP OR GOV'T HOSPITAL/PHYSICIAN INSURANCE.
  
-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP31  
====

{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}
REF .....	-7	{SP33}
DK .....	-8	{SP33}

-----  
SEE FILL SPECIFICATIONS FROM SP24

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP32  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

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

[Code One.]

-----  
| DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |  
| INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID/SHIP |  
| OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |  
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |  
|  
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |  
| CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID/ |  
SCHIP OR GOV'T HOSPITAL/PHYSICIAN INSURANCE.
  
-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP33  
=====

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

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP24

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

**TRICARE/CHAMPVA SERIES**

BOX\_04

=====

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

-----  
OTHERWISE, GO TO BOX\_05

SP34

=====

{NAME OF ESTABLISHMENT.....}

{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.

```

-----
| FOR ' NAME OF ESTABLISHMENT...', DISPLAY 'TRICARE/ |
| CHAMPVA'. |
| |
| DISPLAY 'PLAN NAME: ... INSURER(S)}' IF THERE IS A |
| TRICARE INSURER ASSOCIATED WITH THE FAMILY'S |
| TRICARE 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  
 =====

```

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

Since the family joined TRICARE or CHAMPVA, how much of a problem, if any, was it to get a personal doctor or nurse the family is happy with?

Would you say ...

- a big problem, ..... 1 {SP36}
- a small problem, or ..... 2 {SP36}
- not a problem? ..... 3 {SP36}
- IF VOLUNTEERED: DON'T HAVE A PERSONAL  
 DOCTOR OR NURSE ..... 95 {SP36}
- REF ..... -7 {SP36}
- DK ..... -8 {SP36}

[Code One.]

-----  
| FOR ' NAME OF ESTABLISHMENT...' , DISPLAY 'TRICARE |  
| OR CHAMPVA' . |  
| |  
| DISPLAY 'PLAN NAME: ... INSURER(S)}' IF THERE IS A |  
| TRICARE/CHAMPVA INSURER ASSOCIATED WITH THE |  
| FAMILY'S TRICARE/CHAMPVA INSURANCE (CHECK HX12A, |  
| PR19A, OR PR21A). OTHERWISE, USE A NULL DISPLAY. |  
| |  
| FOR 'NAME OF CURRENT ROUND TRICARE/CHAMPVA |  
| INSURER(S)' , DISPLAY THE NAME(S) OF THE CURRENT |  
| ROUND'S INSURER(S) FOR THE FAMILY'S TRICARE/ |  
| CHAMPVA INSURANCE. |  
| NOTE: IF MULTIPLE INSURERS ARE SELECTED AT HX12A, |  
| PR19A, OR PR21A, SEPARATE THE INSURER NAMES WITH |  
A '/' .

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 7

SP36

====

{NAME OF ESTABLISHMENT.....}

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

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

YES ..... 1 {SP37}  
NO ..... 2 {SP38}  
REF ..... -7 {SP38}  
DK ..... -8 {SP38}

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 23

SP37  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP38}
- a small problem, or ..... 2 {SP38}
- not a problem? ..... 3 {SP38}
- IF VOLUNTEERED: NO VISITS IN LAST  
12 MONTHS ..... 95 {SP38}
- REF ..... -7 {SP38}
- DK ..... -8 {SP38}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 24

SP38  
=====

{NAME OF ESTABLISHMENT.....}

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

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

- YES ..... 1 {SP39}
- NO ..... 2 {SP40}
- REF ..... -7 {SP40}
- DK ..... -8 {SP40}



-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP39  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

a big problem, .....	1	{SP40}
a small problem, or .....	2	{SP40}
not a problem? .....	3	{SP40}
REF .....	-7	{SP40}
DK .....	-8	{SP40}

[Code One]

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

SP40  
=====

{NAME OF ESTABLISHMENT.....}

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

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

- YES ..... 1 {SP41}
- NO ..... 2 {SP42}
- REF ..... -7 {SP42}
- DK ..... -8 {SP42}

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 35

SP41  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP42}
- a small problem, or ..... 2 {SP42}
- not a problem? ..... 3 {SP42}
- REF ..... -7 {SP42}
- DK ..... -8 {SP42}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 36

SP42  
=====

{NAME OF ESTABLISHMENT.....}

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

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

YES ..... 1 {SP43}  
NO ..... 2 {SP44}  
REF ..... -7 {SP44}  
DK ..... -8 {SP44}

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 37

SP43  
====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-1.

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

Would you say ...

- a big problem, ..... 1 {SP44}
- a small problem, or ..... 2 {SP44}
- not a problem? ..... 3 {SP44}
- REF ..... -7 {SP44}
- DK ..... -8 {SP44}

[Code One.]

-----  
SEE FILL SPECIFICATIONS FROM SP35

-----  
NOTE: CAHPS 3.0 ADULT CORE ITEM 38

SP44  
=====

{NAME OF ESTABLISHMENT.....}

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

SHOW CARD SP-2.

We want to know your rating of all the family's experience with **their coverage through TRICARE or CHAMPVA.**

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

ENTER RATING FROM 0-10:

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

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

-----  
SEE FILL SPECIFICATIONS FROM SP35

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

BOX\_05  
=====

-----  
GO TO NEXT QUESTIONNAIRE SECTION

