FINAL REPORT

Methodology Report:

2014-2015 Nationwide CAHPS Survey of Adults Enrolled in Medicaid between October and December, 2013

NORC
at the UNIVERSITY *of* CHICAGO

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I.   Introduction and Overview

The Affordable Care Act (ACA) expanded health coverage to millions of Americans, many of whom are adults enrolled or newly enrolled in Medicaid. The changing health care landscape resulting from implementation of key provisions of the ACA presents a unique opportunity to capture national and state-level estimates of adult Medicaid enrollees' experiences with the health care system. Section 2701 of the ACA required the Secretary of Health and Human Services to identify an initial core set of health care quality measures for adults enrolled in Medicaid for voluntary reporting by states. The adult Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, one of the initial core set of adult measures identified by a multi-stakeholder process,[i] is a useful tool for monitoring and comparing experiences of care.

To support states in collecting and reporting CAHPS data, the Centers for Medicare & Medicaid Services' (CMS) Center for Medicaid and CHIP Services (CMCS) contracted NORC at the University of Chicago (NORC) to conduct the first-ever Nationwide Adult Medicaid CAHPS Survey.[1] The goal of the survey is to obtain national and state-by-state estimates of adult Medicaid enrollees' experience of care, including access, utilization, and satisfaction with care across different financing and delivery models (e.g., managed care and fee-for-service) and population groups (e.g., dually eligible individuals and individuals with disabilities who are not dually eligible).

Results from this work will inform the development of standard measures anchoring a robust health care quality strategy for the adult Medicaid population. With the enactment of the ACA and the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), CMS is focused on ensuring that Medicaid enrollees receive the highest quality care. These efforts align with HHS' National Quality Strategy's three-part aim of achieving better care, healthier people and communities, and more affordable care. A rigorous CAHPS survey design, data collection effort, analytic plan, and strategy for documentation and dissemination of findings are critical to facilitating quality improvement efforts for the adult Medicaid population.

This report summarizes the methodology and operations employed in conducting the 2014-2015 Nationwide Adult Medicaid CAHPS Survey, documenting all facets of the project including, but not limited to, the following: sample design; questionnaire and materials development; state engagement;

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[1] The Agency for Health Care Research and Quality refers to the survey as the Nationwide Adult Medicaid Survey or NAMS.

conducting the sampling pilot and field test; data security and privacy; survey implementation; and post-data collection processing including data cleaning and weighting development.

Overview of Survey Efforts

In 2013, NORC at the University of Chicago and Thoroughbred Research Group partnered to conduct the first-ever Nationwide Adult Medicaid CAHPS Survey. The project team collaborated with staff from CMS and the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation (ASPE) to modify the Medicaid CAHPS 5.0H battery of questions to further explore the study objectives of measuring enrollee satisfaction with, access to, and experiences with care.

The population of interest was stratified into four subgroups within each state:

- Dually-eligible Individuals
- Persons with Disabilities (non-duals)
- Medicaid managed care (non-duals, non-disabled) Enrollees
- Fee-for-service (traditional) Medicaid (non-duals, non-disabled) Enrollees

To create the sample, NORC selected Medicaid enrollees who were eligible between October and December, 2013. This was due to availability of the data required for determining people who were in the target population (see chapter II for more details). Because of the eligibility time period chosen, newly eligible enrollees are not included in this survey.

In total, 46 states plus the District of Columbia provided sampling data from which we were able to draw the sample. We drew a total sample of over 1.2 million cases, averaging approximately 29,000 sampled enrollees per state. Data collection was conducted from December 14, 2014 through July 27, 2015, across four waves, with a roughly similar number of states per wave. The questionnaire was administered first through mail, and then with telephone follow-up where necessary. This effort resulted in 272,679 enrollees completing the survey, with an overall response rate of 23.6%.

This report is organized as follows:

- Chapter II describes the sampling design and methodology.
- Chapter III discusses the creation of the 2014-2015 Nationwide Adult Medicaid CAHPS Survey and changes from the standard CAHPS survey questionnaire.
- Chapter IV discusses the details of data collection efforts, as well as response rates.

- Chapter V describes the procedures for processing, editing, and checking the data from the survey.

- Chapter VI includes the details of weighting and nonresponse adjustment procedures involved in producing the sampling weights.

- Chapter VII describes data files created and delivered to CMS.

I.   Sampling Approach

Sample Design

The target population for the survey was adults ages 18 and older as of December 31, 2013 who were enrolled in Medicaid for each month of the first quarter of federal fiscal year 2014 (FFY 2014 Q1, October 2013 – December 2013), and who were not residing in an institutional setting.[2] While a more recent quarter would have been ideal, the lag between when the MSIS data are submitted by the states to CMS and when the data are available for use, posed limitations. An insufficient number of states had FFY 2014 Q2 (January-March, 2014) data files available for public consumption, which made that eligibility time period unrealistic. Consequently, newly eligible enrollees are not included in the survey target population, as Medicaid expansion efforts resulting from the Affordable Care Act did not go into effect in most states until January 1, 2014.

The sample was designed to capture four key sub-groups of adult Medicaid enrollees. The main stratifiers were state (including the District of Columbia) and the following four mutually exclusive enrollee groupings based on program eligibility:

- adults dually eligible for Medicaid and Medicare (Duals);
- adults (non-duals) with disabilities based on program eligibility criteria (Persons with Disabilities);
- adults (non-duals, non-disabled) enrolled in a managed care organization (Managed Care, or MC); and,
- adults (non-duals, non-disabled) who obtained care from a fee-for-service (FFS) provider or were enrolled in a primary care case management plan (FFS-PCCM).

Group classification was mutually exclusive, determined using the hierarchy shown above. For example, if an enrollee had a disability (but was not dually eligible) and was enrolled in a managed care organization, that enrollee would be part of the disabled stratum, not part of the managed care stratum.

Wherever possible, the sampling frame that represented this target population was constructed from each state's FFY 2014 Q1 Medicaid Statistical Information System (MSIS) eligibility file. Ten states did not have data for this timeframe available in MSIS, therefore we could not construct the sampling frame

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[2] Defined as having no long-term care claims during calendar year 2013.

using MSIS data files. For these states, NORC worked with state Medicaid administrators to obtain a standardized data extract from each state's internal eligibility systems to create a comparable frame.

To refine sampling procedures for both states with data available in MSIS and those without, NORC worked with five state Medicaid programs – Alabama, Oregon, Rhode Island, Tennessee, and West Virginia – to pilot the sampling process (further detail about the findings from the pilot and a subsequent pilot field test are in chapter III) in early 2014. States were given a choice of three approaches to sampling, ordered from least burdensome for the state to the most time intensive, as follows:

- Option 1: NORC extracted eligibility data from MSIS to construct a sample, which the state would validate using the rules presented in the section below, and append enrollees' contact information (which is not stored in MSIS);

- Option 2: States extracted eligibility data from their own Medicaid Management Information Systems (MMIS) or other administrative data systems, from which NORC then applied survey eligibility criteria and drew a sample; or

- Option 3: States conducted the entire sampling process internally, including construction of the sampling frame, validation, and sampling.

All three options were tested during the pilot, with some participating states testing multiple options to cross-validate their results. From each state's estimated time expended in constructing the sample, NORC estimated the sampling options to require, on average, 9 hours, 57 hours, and 66 hours, respectively as shown in Figure 2.1. For the main survey administration, 37 states chose the first sampling option and 10 chose the second.

Figure 2.1: Sampling Options and Associated Burden

Task	Option 1	Option 2	Option 3
Secure Data Transfer Questionnaire	✓	✓	✓
Test Data file transmission	✓	✓	✓
Pull Beneficiary contact information	✓	✓	✓
Pull Eligible Beneficiary File	·	✓	✓
Pull Long-Term Claims File	·	✓	✓
Create Sampling Frame	·	·	✓
Create Selected Sample File	·	·	✓
Create Summary Quality Control Tables	·	·	✓
Estimated Time Burden	9 hours	57 hours	66 hours

Sampling Frame

Construction of the Sampling Frame

We began sampling frame construction by identifying enrollees who were eligible during the October – December 2013 time period. The following three files, which came from MSIS or the equivalent provided by a state, were used in the process: 1) FFY2014 Q1 *Medicaid Eligible Enrollees File*, 2) FFY2014 Q1 *Monthly Eligibility Records File*, and 3) *Long-Term Claims File* for enrollees with calendar year 2013 (January through December 2013) claims.[3] We constructed each state's sampling frame according to the following steps:

1. Remove all Medicaid Eligible Enrollees File records for any enrollee that does not have a record for each month from October – December 2013 in Monthly Eligibility Records File.

2. Remove all deceased enrollees, i.e. Date of Death (DOD) ≠ 888888888.

3. Remove any enrollees who were not Medicaid eligible in December 2013.

4. Remove all enrollees under the age of 18 as of December 31, 2013 or with an insufficiently complete date of birth.

    a. For records with completely missing date of birth, remove the enrollee record.

    b. For records with partial date of birth that <u>do not</u> include the birth year, remove the enrollee record.

    c. For records with complete or partial date of birth, so that the birth year is known, remove the record if the enrollee's birth year is after 1995 (enrollee is born in 1996 or later).

5. Remove all enrollees who were not continuously enrolled from October - December 2013 based on the following rules:

    a. For October, remove all enrollees whose MSIS days of eligibility is zero. Specifically for October, the days of eligibility was allowed to be at least one but less than or equal to 31 to cover newly enrolled enrollees at the start of the quarter.

    b. For November and December,

        i. If an enrollee was medically needy for the month, remove the enrollee from the sampling frame only if the days of eligibility for the same month is zero;

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[3] A long-term care claim is an adjudicated claim that meets the criteria for inclusion in the MSIS CLAIMLT file.

    ii. Otherwise, remove the enrollee from the sampling frame if the days of eligibility for the same month is not equal to the number of days in the month.

6. Remove any enrollee associated with at least one record in the *Long-Term Claims File*. The identification of enrollees from this file assumes that the enrollee is institutionalized, which was not part of the target population.

7. Remove any enrollee for which the December 2013 managed care plan status is unknown.

8. Remove any enrollee with partial Medicaid benefits for December 2013, i.e., "Partial Duals." Partial Duals were not part of the target population for this survey.

9. For states with Family Planning Waivers: Remove any enrollee with a family planning waiver for any of the months October, November, or December, as this is considered a special program and outside the scope of this survey.

10. Remove any enrollee with an out-of-state ZIP code, i.e. an enrollee with an out-of-state address.

11. Remove any enrollee who was not Medicaid eligible as of August 31, 2014. Because the survey process could not begin until the last quarter of calendar year 2014, states where asked to check if enrollees remaining in the sampling frame after the first ten steps of processing were still eligible as of August 2014. This allowed the removal of individuals who were Medicaid eligible in December 2013 but who were no longer eligible in August 2014 from the sampling frame.

Once we constructed the sampling frame, enrollees were categorized into the four strata defined above using information available in the MSIS files. For the ten states without FFY 2014 Q1 MSIS data, analogous information was supplied by each state to create a frame stratified into the four strata defined earlier using MSIS information.

Sample size determination

Initial Sample Size Calculations

The 2014-2015 Nationwide Adult Medicaid CAHPS Survey is intended to produce reliable state and national estimates overall and within the four strata defined in the Sample Frame section. Additionally, the sample size within strata should provide sufficient power for comparisons across strata—both within and across states. Therefore, NORC considered the precision of a percentage estimate within each stratum and the power to test the difference between two strata percentages estimates to determine the target number of completed surveys.

To generate state and national estimates overall and within the four strata, the number of completed surveys targeted per stratum in each state should be approximately 400. This would provide confidence

intervals with margins of error under 5 percent at the 95 percent confidence level, and statistical power of at least 80 percent in detecting differences of 10 percentage points between two equally sized samples. However, obtaining 400 completed surveys does not guarantee that all questions in the survey will have been answered because a complete survey is not defined as every question having been answered.

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS) 2013 Specifications for Survey Measures, Volume 3 guidance (henceforth referred to as HEDIS 2013, Volume 3) suggests that one should set the number of completed surveys so that each question on a CAHPS survey is answered at least 100 times. Under this guideline, in conjunction with individual question response rate information from HEDIS 2013, Volume 3,[4] the target number of completes is 614.

CMS requested a stricter standard be used in determining the number of completed surveys for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey. Towards that end, CMS and NORC agreed that the target number of completed surveys should provide at least 400 responses to each question on the survey. This stricter standard suggests a target number of completes per stratum within each state of 2,500[5] given low item nonresponse for certain questions in the survey.

The overall stratum sample size is determined by the target number of completes and two inflation factors: the survey eligibility rate (e.g., enrollment in Medicaid at the time of the survey, valid addresses and phone numbers, etc.), and the expected strata response rates. HEDIS 2013, Volume 3 provides the following technical specifications for HEDIS survey measures and standardized CAHPS surveys, including adult Medicaid surveys.

- Sample size calculation examples in HEDIS Volume 3 assume that 5 percent of sampled records will be for individuals who have disenrolled from Medicaid, and 20 percent of the records will have invalid addresses and phone numbers.
    - Thus, we expect that 75 percent (100 – 5 – 20 percent) of enrollees with records in the sampling frame will be eligible for the survey and have sufficient contact information to administer the survey.
- The target response rate, based on an analysis of HEDIS survey results from prior years for the Medicaid product line, is 45 percent.

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[4] See HEDIS 2013, Volume 3 Appendix 7 for general recommendations for oversampling for survey measures.
[5] Ibid.

Table 2.1 illustrates how a sample of 7,407 per stratum provides 2,500 expected completed surveys in each stratum within each state.

Table 2.1: Initial Sample Size Estimates for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

	Full Dual	Disabled	Managed Care	FFS-PCCM	Within State Total
Planned Sample Size	7,407	7,407	7,407	7,407	29,628
Survey Eligibility Rate	0.75	0.75	0.75	0.75	0.75
In-scope Sample Count	5,555	5,555	5,555	5,555	22,220
Expected Response Rate	0.45	0.45	0.45	0.45	0.45
Expect Response Count	2,500	2,500	2,500	2,500	10,000

Thus, the initial plans for the sample required a state sample size of 29,628 for states that have all four strata to yield an expected total response count of 10,000 per state.[6]

Strata Sample Size Modifications

NORC conducted a field test within three of the sampling pilot states (Alabama, Oregon, and Rhode Island), and the resulting response rates suggested that strata sample sizes should be increased, particularly for the managed care and fee-for-service strata (see description of pilot and field test in chapter III). However, cost constraints did not allow an increase in the overall state-level sample size of 29,628. Therefore, we took the approach of holding this total sample size as fixed, and re-allocated the sample across strata for each state. In our initial plan, we targeted the same number of completed surveys in each stratum. This remained the overall goal, even though it meant the targeted number of completes was less than 2,500 within each stratum. As previously noted, the stratum completed survey target was set to achieve 400 responses to each CAHPS question, whereas HEDIS 2013, Volume 3 guidance suggests that obtaining 100 responses per question is adequate. An alternative approach was to accept a lower number of completes per stratum, but balance the expected number of completes across strata. This provided more than 100 responses per question, albeit less than the initial target of 400.

Table 2.2 shows the adjusted response rate and sample size associated with each stratum. The response rates were rounded up to the nearest multiple of 10 percent from what was realized in the field test. This takes into account that the response rates would be higher because an additional mailing and an additional phone follow-up would be completed during the survey period compared to the field test (see chapter IV for more details).

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[6] Some states do not have Medicaid managed care plans, while there are others that do not have FFS or PCCM plans.

Table 2.2: Main Survey Sample Size for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

	Full Dual	Disabled	Managed Care	FFS-PCCM	Within State Total
Planned Sample Size	5,556	5,556	11,110	7,407	29,628
In-scope Sample Rate*	0.75	0.75	0.75	0.75	0.75
In-scope Sample Count	4,167	4,167	8,333	5,555	22,223
Expected Response Rate†	0.40	0.40	0.20	0.30	0.30
Expect Response Count	1,667	1,667	1,667	1,667	6,668

This revised sampling plan provided a sufficient number of completes within each stratum—about 2.7 times the HEDIS Volume recommended number of 614 completed surveys (which in turn should produce at least 100 responses to each survey question if the HEDIS 2013, Volume 3 planning factors are realized).

Table 2.3 provides the actual frame counts for 47 states in which the 2014-2015 Nationwide Adult Medicaid CAHPS Survey was conducted.

Table 2.3: Final Sampling Frame Counts for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

State	Dual Eligible	Non-Dual Disabled	Non-Dual Non-Disabled Managed Care	Non-Dual Non-Disabled FFS or PCCM	Total
Total	5,157,822	3,651,490	6,754,883	3,834,180	19,398,376
AL	65,958	78,150	-	47,218	191,326
AR	44,058	44,632	-	24,469	113,159
AZ	109,088	56,150	263,881	73,250	502,369
CA	1,128,918	489,778	1,315,939	880,591	3,815,227
CO	52,246	9,799	15,472	196,488	274,005
CT	44,759	22,568	-	220,477	287,804
DC	20,701	21,639	81,297	6,163	129,800
DE	7,467	7,312	55,490	3,922	74,191
FL	254,584	169,960	145,393	183,837	753,774
GA	101,276	109,448	97,451	12,556	320,731
HI	26,212	10,917	88,808	-	125,937
IA	45,846	24,515	9,418	90,082	169,861
ID	15,697	15,236	-	17,911	48,844
IL	173,456	105,767	74,266	232,640	586,129
IN	62,387	75,762	114,319	38,577	291,045
KS	28,447	23,418	28,720	-	80,585
KY	70,182	89,428	69,610	1,024	230,244
LA	74,695	77,960	-	145,514	298,169
MA	79,637	173,649	147,381	197,323	597,990
MD	55,692	59,532	242,899	10,707	368,830
ME	44,373	21,278	-	68,684	134,335

State	Dual Eligible	Non-Dual Disabled	Non-Dual Non-Disabled Managed Care	Non-Dual Non-Disabled FFS or PCCM	Total
MI	185,330	147,123	9,899	326,692	669,044
MN	72,150	28,781	73,178	4,908	179,017
MO	89,782	71,889	50,545	28,972	241,188
MS	57,115	57,215	45,058	12,753	172,141
MT	10,407	7,590	-	7,961	25,958
NC	188,969	114,487	-	169,388	472,844
NE	24,842	11,870	21,371	2,365	60,448
NJ	123,977	67,948	194,156	35,368	421,449
NM	32,776	27,067	77,184	63,675	200,702
NV	16,141	15,000	32,749	7,134	71,024
NY	516,675	272,997	1,641,054	138,230	2,568,956
OH	144,478	153,009	517,295	168,906	983,688
OK	68,633	37,800	-	101,348	207,781
OR	52,141	39,356	107,798	22,327	221,622
PA	257,775	257,173	256,044	5,376	776,368
RI	19,648	18,591	33,061	5,657	76,957
SC	107,443	56,519	91,204	117,777	372,943
SD	7,647	5,719	-	8,150	21,516
TN	105,497	95,311	262,339	-	463,147
TX	318,023	241,405	359,652	19,967	939,047
UT	9,261	17,224	17,682	6,739	50,906
VA	87,517	62,789	75,612	45,829	271,747
VT	20,484	7,340	-	48,969	76,793
WA	97,766	92,576	106,547	19,884	316,773
WV	33,463	54,349	32,111	8,350	128,273
WY	4,203	3,464	-	6,022	13,689

Table 2.4 below shows the selected sample size from each state by stratum. Note that in certain cases, the frame size was less than the necessary sample size. In such cases, all eligible enrollee were sampled.

Table 2.4: Final Sample Size for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

State	Dual Eligible	Non-Dual Disabled	Non-Dual Non-Disabled Managed Care	Non-Dual Non-Disabled FFS or PCCM	Total
Total	259,773	259,031	385,929	301,024	1,205,757
AL	5,556	5,556	-	7,407	18,519
AR	5,556	5,556	-	7,407	18,519
AZ	5,556	5,556	11,110	7,407	29,629
CA	5,550	5,547	11,093	7,392	29,582
CO	5,556	5,556	11,110	7,407	29,629
CT	5,556	5,556	-	7,407	18,519
DC	5,556	5,556	11,110	6,163	28,385
DE	5,556	5,556	11,110	3,922	26,144
FL	5,556	5,556	11,110	7,407	29,629
GA	5,556	5,556	11,110	7,407	29,629

State	Dual Eligible	Non-Dual Disabled	Non-Dual Non-Disabled Managed Care	Non-Dual Non-Disabled FFS or PCCM	Total
HI	5,556	5,556	11,110	-	22,222
IA	5,556	5,556	9,418	7,407	27,937
ID	5,556	5,556	-	7,407	18,519
IL	5,556	5,556	11,110	7,407	29,629
IN	5,556	5,556	11,110	7,407	29,629
KS	5,556	5,556	11,110	-	22,222
KY	5,556	5,556	11,110	1,024	23,246
LA	5,556	5,556	-	7,407	18,519
MA	5,556	5,556	11,110	7,407	29,629
MD	5,556	5,556	11,110	7,407	29,629
ME	5,556	5,556	-	7,407	18,519
MI	5,556	5,556	9,899	7,407	28,418
MN	5,556	5,556	11,110	4,908	27,130
MO	5,556	5,556	11,110	7,407	29,629
MS	5,556	5,556	11,110	7,407	29,629
MT	5,556	5,556	-	7,407	18,519
NC	5,556	5,556	-	7,407	18,519
NE	5,556	5,556	11,110	2,365	24,587
NJ	5,556	5,556	11,110	7,407	29,629
NM	5,556	5,556	11,110	7,407	29,629
NV	5,556	5,556	11,110	7,134	29,356
NY	5,556	5,556	11,110	7,407	29,629
OH	5,556	5,556	11,110	7,407	29,629
OK	5,556	5,556	-	7,407	18,519
OR	5,556	5,556	11,109	7,407	29,628
PA	5,556	5,556	11,110	5,376	27,598
RI	5,556	5,556	11,110	5,657	27,879
SC	5,556	5,556	11,110	7,407	29,629
SD	5,556	5,556	-	7,407	18,519
TN	5,556	5,556	11,110	-	22,222
TX	5,556	5,556	11,110	7,407	29,629
UT	5,556	5,556	11,110	6,630	28,852
VA	5,556	5,556	11,110	7,407	29,629
VT	5,556	5,556	-	7,407	18,519
WA	5,556	5,556	11,110	7,407	29,629
WV	5,556	5,556	11,110	7,407	29,629
WY	4,203	3,464	-	6,022	13,689

Sample Selection and Preparation

Other than the stratum field described in the previous section, no additional explicit stratifying variables were used in the sample design. However, additional fields were used as control variables (implicit stratifiers[7]) in the sample selection process.

We performed the following procedures to select the sample size:

1. Within each of the four strata, we sorted the sampling frame records using a hierarchic serpentine sort[8] with the following control variables (in the order presented):

- GENDER - three possible groups: Male, Female, and Unknown;

- ZIP – ZIP code (include +4 when available), missing ZIPs are coded as Unknown, and form an additional sort category;

- DOB – the enrollee's data of birth.

2. After sorting the file, we used a systematic sample selection with a random start point to select the number of enrollee records within each state and stratum as shown in Table 2.4.

Data Security and Privacy

NORC complied with the provisions set forth in the data use agreement (DUA) established with CMS governing the proper usage and transfer of data from MSIS and state MMIS systems. The NORC Data Governance Board provided recommendations and oversight of the project team's adherence to the DUA.

NORC obtained a number of data files from CMS and state Medicaid agencies which contained personally identifiable information (PII). This included unique personal identifiers such as enrollees' social security numbers (SSNs), MSIS Identification Numbers, and enrollees' names, addresses, and telephone numbers. NORC protected the PII according to CMS standard operating procedures for the protection and security of such data.

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[7] Implicit stratifiers make sure the sample is representative of the population relative to key characteristics. Unlike explicit stratifiers, implicit stratifiers may not provide sufficient sample sizes to allow detailed analysis for those stratifiers.

[8] In hierarchic serpentine sorting, one sorts by the first control variable (implicit stratifier) in ascending order. Then, within the first level of the first control variable, the procedure sorts by the second control variable in ascending order. Within the second level of the first control variable, the procedure sorts by the second control variable in descending order. Sorting by the second control variable continues to alternate between ascending and descending sorting throughout all levels of the first control variable. The alternating of sort order within levels of the prior control variable continues for all remaining control variables. See: Chromy, J. R. (1979), "Sequential Sample Selection Methods," *Proceedings of the American Statistical Association, Survey Research Methods Section*, 401–406.

All data transfers, whether with CMS, states, or NORC's survey administration subcontractor, were conducted using NORC's FIPS 140-2 compliant secure FTP server. All PII transmitted was encrypted using a 2048-bit RSA algorithm, and, once received, resided behind an IDS/IPS firewall on a restricted-access analytic server, which resides in the NORC corporate datacenter. This facility meets NIST 800-53 security requirements and is monitored by NORC's network engineers. Only NORC employees working specifically on this project were given access to said server.

III. Questionnaire

This chapter summarizes the questionnaire development and design process, cognitive interviews and related recommendations, and survey methodology. It also contains an overview of the questionnaire content and a comparison chart documenting survey modifications and additions.

Instrument Development

The 2014-2015 Nationwide Adult Medicaid CAHPS effort used a modified version of the Adult Medicaid CAHPS® 5.0H (HEDIS 2013, Volume 3) instrument for data collection. Where possible, the project team adhered to the original CAHPS 5.0H questions and response options to leverage the development of CAHPS as a standardized and validated tool for measuring and comparing the quality of care across diverse populations and delivery mechanisms.

In order to accommodate the exigencies of the sample definition and enable further exploration into adult Medicaid beneficiaries' experiences with care, the project team supplemented the CAHPS 5.0H instrument with additional questions. To identify additional questions for inclusion, NORC conducted a literature review of survey instruments relevant to the current CAHPS questionnaire, which included state offered supplements to the CAHPS, the adult Medicaid population, and state Medicaid financing delivery systems. NORC also explored specific topics of interest along a number of key domains including *unmet needs, barriers resulting in delays in care, and activities of daily living for adults with disabilities*, as shown in Table 3.1. In collecting and synthesizing information from these varied sources, the project team worked together with a survey methods workgroup to select validated questionnaire items appropriate for adding to the adult CAHPS Medicaid Survey 5.0H instrument and items suitable for enabling comparisons across beneficiaries and state Medicaid programs.

Table 3.1: Questionnaire Sections and Associated Topics for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Section Name	Questions	Topics Covered
Introduction	1-2	Is respondent enrolled in Medicaid
Your Health Care in the Last 6 Months	3-25	Services received in past 6 months, including primary care, specialty care, new or changed prescriptions, barriers to receiving care, usual source of care.
Your Personal Doctor	26-34	Quality of care at usual source of care
Getting Health Care from Specialists	35-38	Access to specialty care, quality of specialty care
Your Health Plan	39-41	Responsiveness of Medicaid program or managed care organization
About You	42-71	Overall health status, activities of daily living / disabilities, tobacco use / cessation, prophylactic aspirin usage, chronic conditions, demographics (age, sex, education, race/ethnicity), assistance in completing survey

The survey methods workgroup – comprised of experts from CMS, ASPE, and AHRQ – added a total of 21 questions to the instrument. The workgroup also removed five original questions from the CAHPS 5.0H that were not relevant to all four of the sampled strata.[ii] Of the questions added, one of the items streamlined two of the existing questions in the CAHPS 5.0H instrument into a single question. For a complete list of the questions removed from the survey, see Appendix F. The 2014-2015 Nationwide Adult Medicaid CAHPS instrument also utilized the updated HHS data collection standards for race, ethnicity, and disability status per Section 4302 of the ACA.[iii] These updated standards added six new disability questions not found in the CAHPS 5.0H instrument, and modified the question stem and/or response options for the existing race and ethnicity questions.

Given the myriad ways in which the ACA could affect health insurance and health care for the Medicaid population, who access diverse state-run programs with different payment systems, the majority of questions added to the instrument were designed to assess potential access barriers more broadly. All of the supplemental questions (14 newly added questions) were based on previously-validated questions. Many were used in national surveys like the Medical Expenditure Survey (MEPS 2011), the National Health Interview Survey (NHIS 2013), and the National Health and Aging Trends Survey, while some others were supplemental HEDIS/CAHPS questions, adapted from the Dental Plan and Health Plan CAHPS surveys. While several of the supplemental questions and response options were pulled directly from their source and unmodified, most of the added items were modified slightly from their original source to fit the CAHPS structure in terms of question format (filter questions and response options), grammar, and question length (many of the other surveys are CATI-only). In instances where the team modified or adapted the question, NORC did everything possible to maintain the integrity of the original question to ensure validity and reliability.

A complete list of supplemental questions and their origin is provided in Table 3.2: Supplemental Questions Added to the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Table 3.2: Supplemental Questions Added for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey

Section	New Q #	Question	Reason for Change
Your Health Care in the Last 6 Months	5	About how long has it been since you last visited a doctor for a check-up?*	Added a modified version of a BRFSS question (Core Section Health Care Access) and modified response option descriptions.
	8	In the last 6 months, how many times did you go to an emergency room to get care for yourself?*	Added original question UT1 from Health Plan Adult Supplemental CAHPS (modified timeframe from 12 months in original question to 6 months, as used for the Medicaid population).
	9	What was the main reason for your last emergency room visit? Choose one.*	Added question based on modified versions of questions from 2013 NHIS Sample Adult Questionnaire, specifically question base #AAU.248.
	18	In the last 6 months, how often was it easy to get special medical equipment, such as a cane, a wheelchair, diabetic testing supplies, or a nebulizer, you needed?*	Added question based on Health Plan CAHPS Supplemental Questions CC9 and CC10.
	19	In the last 6 months, how often was it easy to get the mental health or behavioral health services you needed?*	Added modified version of Health Plan CAHPS Supplemental Question MH3.
	20	In the last 6 months, how often was it easy to get the dental services you needed?*	Added modified versions of CAHPS Dental Plan Survey Questions 19 and 20.
	21	In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?*	Added modified version of 2011 MEPS-HC Question AC32 Access to Care Supplement.
	22	What is the main reason you were not able to get medical care, tests, or treatments you or a doctor believed necessary? Choose one.*	Added modified version of 2011 MEPS-HC Question AC34 - Access to Care Supplement.
	23	Is there a place that you usually go to when you are sick or need advice about your health?*	Added modified version of 2013 NHIS Sample Adult Questionnaire question AU.020_00.000.
	24	Why don't you have a usual source of medical care? Mark one or more.*	Added modified version of 2013 NHIS Sample Adult Questionnaire Question AAU.050_00.010.
	25	What kind of place do you go to most often for your medical care? Choose one.*	Added modified version of 2013 NHIS Sample Adult Questionnaire question AAU.030_00.000.

Section	New Q #	Question	Reason for Change
About You	44	Has a doctor ever told you that you had any of the following conditions? Mark 'Yes' or 'No' for each condition.*	Combined original Q45 and Q46 (per HEDIS 2013, Volume 3) into new Q44.
	45	Are you deaf or do you have serious difficulty hearing?	Added question due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	46	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	Added question due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	47	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Added question due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	48	Do you have serious difficulty walking or climbing stairs?	Added question due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	49	Do you have difficulty dressing or bathing?	Added question due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	50	In the last month, did you ever go without showering/taking a bath/washing up because no one was there to help?	Added original National Health and Aging Trends Survey Question SC15.
	51	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Added due to HHS/OMH Data Collection Standards, per ACA Section 4302, Disability Status Questions 1-6.
	52	In the last month, did you ever have to stay home because you had difficulty going out by yourself?	Added original National Health and Aging Trends Survey Question MO10.
	53	Have you had either a flu shot or flu spray in the nose within the past year?*	Added modified version of Health Plan CAHPS Supplemental Question H16 added due to CMS request.

*Question(s) from an original survey modified for inclusion in the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Cognitive Interviews

Given the unique and high needs population at the focus of this study, the NORC team did cognitive testing of the Nationwide Adult Medicaid CAHPS Survey instrument with the target population, focusing on the newly added and modified questions. Working with contacts in local social service agencies, NORC connected with a community-based organization located in downtown Washington, D.C. to recruit eligible individuals to test specific questions on the survey instrument. The NORC team conducted two rounds of cognitive interviews with nine Medicaid enrollees[iv] representative of the sample population.

Prior to conducting the interviews, the project team met to determine priority questions for testing, focusing on newly added questions and items with modified or new response options. During the cognitive interviews, NORC gave participants a copy of the survey instrument that identified the priority

questions for them to focus on. For each of the priority items the team asked respondents to read through the question and response options independently, and then select the response most applicable to their health and health care experiences. After the participant selected their response, the project team probed into the specifics of the question asking about the individual's reasoning for selecting a certain response, as well as what factors they considered in selecting their response. In probing the NORC team sought to determine whether respondents understood questions consistently and if they had the information needed to answer the questions. The team also probed participants on the response categories to assess if they could use the choices provided to describe their experiences and opinions accurately, or if other response options would be more appropriate. In instances where a respondent felt they were unable to select a response or did not understand what the question was asking, NORC staff probed to evaluate what the respondent felt the question was asking, as well as what portion of the question or response option(s) was challenging.

Cognitive interview results were reviewed and discussed by the survey methods workgroup after each round of testing. Potential alternatives identified using the first round of feedback were also tested in second round of interviews. The project team used the findings to inform the acceptance, modification, and elimination of candidate questions. The final mail questionnaire is shown in Appendix A.

CATI Development and Spanish Translation

After finalizing the 2014-2015 Nationwide Adult Medicaid CAHPS survey instrument, the project team integrated the modified instrument into Thoroughbred's data capture systems for CAHPS survey work (see Appendix B) and translated the questionnaire into Spanish (see Appendix C).

The base CAHPS 5.0H instrument includes a script for CATI administration. NORC prepared a modified script to correspond to the additional and removed questions, and translated new questions into Spanish for Spanish-language CATI administration. After Thoroughbred received the final survey instrument from NORC, they developed a CATI script, training program, and survey manuals for interviewers. Thoroughbred submitted all documents to NORC for final approval. In addition, NORC was able to test the CATI program via a secure portal.

The CATI system was programmed with built-in range and consistency checking and with appropriate skip patterns in place. The system was set up so that it would automatically schedule callbacks, suspend an interview to be resumed at a later date where left off, and handle closed-ended questions, open-ended questions and multiple response questions. Interviewers were allowed to go back as far as needed to correct changed responses or inaccuracies.

Before the start of the telephone protocol, the 2014-2015 Nationwide Adult Medicaid CAHPS Survey was programmed by an internal CATI programmer who used the final version of the CATI script approved by NORC. Upon programming completion, Thoroughbred staff visually checked the program by reading through it assuming the role of a respondent to ensure that all questions, skip patterns, and interviewer notes were correctly programmed. Once the program was complete, screenshots were submitted to NORC for review and approval. A Thoroughbred data manager or programmer ran test data through a program that had been written to check for inconsistencies in the data before going live. This ensured that the answers that were entered into the system were captured correctly by the program. For example, the system checked to make sure questions that only allow a single response were not accepting multiple responses. Only when the test data passed through this edit cleanly and without any problems did the program go live on the CATI system.

After the first night of dialing was completed, the data manager ran the program again, this time using the actual completes received on the first day. This was done to ensure that there were no issues with data capture once the program went live.

NORC used available Spanish translations for the survey questions that were taken directly from the CAHPS 5.0H Adult Medicaid survey. The remaining supplemental questions were translated into Spanish by Research Support Services (RSS), a professional translation service. RSS conducted a committee review of the full Spanish mail survey and CATI scripts, including the already translated questions. This review process consisted of a group of native Spanish-speaking translators meeting to review the translated items, discuss alternative translations, and select the most appropriate wording through consensus. The translations were then reviewed independently by a native Spanish-speaking NORC survey methodologist who has experience in survey research design and bilingual interviewing. The NORC team then conducted a final check of the translations, skip patterns, and logic to ensure that they were accurate and complete.

Sampling Pilot and Field Test

Once the survey instrument and CATI script were finalized, NORC conducted a pilot test with five states – Alabama, Oregon, Rhode Island, Tennessee, and West Virginia – to evaluate the processes associated with sampling and data collection. State Medicaid officials and their staff assisted NORC in obtaining enrollee data from MSIS or state MMIS systems (see chapter II). NORC explored different levels of state involvement in building the sampling frame, which allowed estimates of the states' time burden to be developed and shared with states for primary data collection – these estimates enabled states to accurately

schedule staff to assist with the sampling process, and we believe they helped facilitate the high rate of state participation in the survey.

In addition, three of the pilot states – Alabama, Oregon, and Rhode Island – participated in a limited field test of the data collection process. In each state, 100 enrollees were selected from each sampling stratum (Alabama does not have a Comprehensive Managed Care population) and sent a mail survey. The data collection procedure described in the next chapter was abbreviated – telephone follow-ups were conducted, but on a shortened timetable, and the second questionnaire mailing was omitted. The field test allowed NORC and TRG to diagnose and ameliorate any procedural issues, and to finalize the disposition codes used in the final data files (see chapter VII).

IV. Data Collection

This chapter provides an overview of the data collection processes used for the 2014-2015 Nationwide Adult Medicaid CAHPS survey. It also describes the timeline for data collection.

State Engagement

Working with CMS to identify key contacts within each state, NORC conducted outreach to staff in each state to encourage their participation in this survey effort, as well as to answer any questions about the process for data collection. NORC also conducted a series of webinars for states to introduce them to the 2014-2015 Nationwide Adult Medicaid CAHPS Survey and describe the collaboration that CMS sought from states. After the webinars, NORC followed up with each state to provide technical assistance and guidance in selecting a sampling approach. The team also developed a Medicaid CAHPS "toolbox" containing sampling materials to inform states' selection of a sampling option. NORC also held content-specific calls with states to work through complex data and methodological issues, in addition to answering states' questions through a dedicated electronic mailbox established for the project.

Survey Administration Protocol

The administration protocol employed for the 2014-2015 Nationwide Adult Medicaid CAHPS survey was a standard mixed-mode methodology, consisting of mail followed by telephone follow-up. The Nationwide Adult Medicaid CAHPS survey was conducted over a period of seven months and occurred in four waves of mailings spread out over the period of data collection. The project team adhered to NCQA protocol in administering the survey, with the exception of the length of telephone fielding. For all waves, telephone follow-up ended after the final (4th) wave of mailings completed which is the NCQA recommendation of eight weeks for telephone follow-up.

Prior to fielding the survey, the selected sample was cleaned for any updated addresses and telephone numbers that could be determined. This was done using Satori Software Bulk Mailer ® to standardize addresses and look for move updates prior to survey mailings (first and second surveys), such that if a new address was identified, this information would replace the original data that were supplied. Anchor computer was used for telephone updates three business days prior to telephone follow-up. If a new phone number was identified, it was used as an alternative number for the enrollee. Certain states had limited contact information, such as large amounts of missing phone numbers.

For the first, or mail phase, sampled members were sent a written survey via mail (see Appendix A), with a cover letter explaining the purpose of the survey and the sponsor (see Appendix D). Non-respondents were sent a reminder postcard, followed by a second survey mailing, and an additional reminder postcard (see Appendix E). During the second phase, or telephone phase, sample members who did not mail in a completed survey were contacted via Computer Assisted Telephone Interviewing (CATI) to complete the survey (see Appendix B and C). At least three, but up to six CATI calls were attempted to each non-respondent.

Data Collection Timeline

At the start of data collection, Thoroughbred mailed cover letters and surveys to all sampled members. Approximately one week after mailing the initial survey, a reminder card was mailed to all sampled members. Five weeks after mailing the initial questionnaire, a second survey and cover letter were sent to all non-respondents. A second reminder postcard was mailed to all non-respondents approximately one week after mailing the second survey packet. Three weeks after the second questionnaire mailed, the project team initiated telephone non-response follow-up to members who had not yet completed a mail survey (and who had not refused to participate). Table 4.1 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS timeline used in the administration of the 2014-2015 Nationwide Adult Medicaid CAHPS survey.

Table 4.1:   Mixed-Mode Methodology Survey Timeline for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Task	Timeline
Send first questionnaire with cover letter to the sampled enrollee	1 day
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire	7 days
Send a second questionnaire and cover letter to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents 7 days after mailing the second questionnaire	42 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire	56 days
Conduct systematic contact for all non-respondents such that at least three telephone but to up six calls are attempted at different times of the day, on different days of the week, and in different weeks	*Contingent on the wave of mailing*
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents)	Between 56 – 113 days

As previously noted, mailings across the 46 states + the District of Columbia participating in the 2014-2015 Nationwide Adult Medicaid CAHPS survey occurred in four waves. Mailings were divided

into waves in order to enable greater state participation and to make survey administration more manageable given the large sample size. The initial mailing in the first wave of states occurred mid-December, 2014. The first mailing to the remaining three waves occurred mid-January (2nd wave), mid-late February (3rd wave), and early April (4th wave), respectively (all 2015). For an overview of the timeline for data collection, see Figure 4.1.

Figure 4.1: Timeline for Waves of Mailings and Data Collection for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey

Mailing Activity	Wave 1 (7 states)		Wave 2 (15 states)		Wave 3 (15 states)		Wave 4 (10 states)	
	Start	*End*	*Start*	*End*	*Start*	*End*	*Start*	*End*
First survey mails (~5 business days)	10-Dec	15-Dec						
First postcard mails (~5 business days)	17-Dec	22-Dec						
Second survey mails (~5 business days)	14-Jan	19-Jan	13-Jan	19-Jan				
Second postcard mails (~5 business days)	21-Jan	26-Jan	20-Jan	26-Jan				
Telephone follow-up begins (*to the end of all data collection)	4-Feb	27-Jul*	18-Feb	24-Feb	18-Feb	24-Feb		
			25-Feb	3-Mar	25-Feb	3-Mar		
			10-Mar	27-Jul*	25-Mar	31-Mar	6-Apr	10-Apr
					1-Apr	7-Apr	13-Apr	17-Apr
					15-Apr	27-Jul*	11-May	15-May
							18-May	22-May
							1-Jun	27-Jul*

Telephone Interviewing

Thoroughbred attempted to complete the survey by telephone with sample members who did not respond by mail after the second mail follow-up. Calls were made between the hours of 9:00 AM and 9:00 PM respondent local time, unless a respondent specially requested a callback outside of this range. Telephone

data collection began three weeks after the second questionnaire mailed, which is eight weeks after the first questionnaire mailed.

During the entire telephone follow-up period, newly received mail questionnaires were accepted and scanned into the system monitoring all returns; these respondents were removed from the CATI list for interviewing follow-up. Adhering to the protocol set forth by NCQA for the telephone component of the CAHPS survey, Thoroughbred made a minimum of three attempts to contact the sampled individuals during different times of the day and different days of the week, including weekends.

As part of the cover letter materials accompanying both mailings of the survey instrument and both postcard reminders, respondents were provided with a toll-free telephone number they could call to complete the survey by phone, as well as to get help and support if needed. This toll-free number for inbound calls was manned by staff trained specifically for the 2014-2015 Nationwide Adult Medicaid CAHPS effort. Staff were available on a daily basis from 9:00 AM to 11:00 PM ET to answer respondents' questions about survey completion or its legitimacy. The survey cover letter also included prominent instructions in Spanish directing Spanish-speaking individuals to call the toll-free number to complete the survey over the phone in Spanish. These same instructions were also located on the follow-up postcards. If an enrollee was unable to complete the survey in English or Spanish, they were assigned a disposition code indicating there was a language barrier.

All telephone interviewers for the 2014-2015 Nationwide Adult Medicaid CAHPS underwent an extensive three-day training session, covering topics on market research industry standards/ethics, CATI training, and detailed calling guidelines/procedures. All interviewers also received extensive training on HIPAA regulations. These trainings sought to ensure that all interviewers understood the general purpose of the project, the meaning of each question, and Thoroughbred-specific coding rules. In addition, a project-specific interviewer manual was developed and distributed to each CATI interviewer. This manual and a related training session included a pronunciation guide for all health plan names and other questionnaire/project-specific words. The manual and training sessions also addressed answers to frequently asked questions (FAQs), and techniques for discerning hearing issues and speaking slowly and clearly.

Data Collection Results

One of the metrics by which survey quality is often measured is response rate. These response rates were monitored throughout the data collection period to ensure a sufficient number of enrollees were completing the survey. To create the response rates, final disposition codes need to be defined. Each

sampled case has a final outcome at the end of data collection, whether it is a completed survey or not. From these we can then create response rates. Figure 4.2 shows the outcome of the 1.2 million enrollees that were sampled.

Figure 4.2: Distribution of Final Outcomes for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.
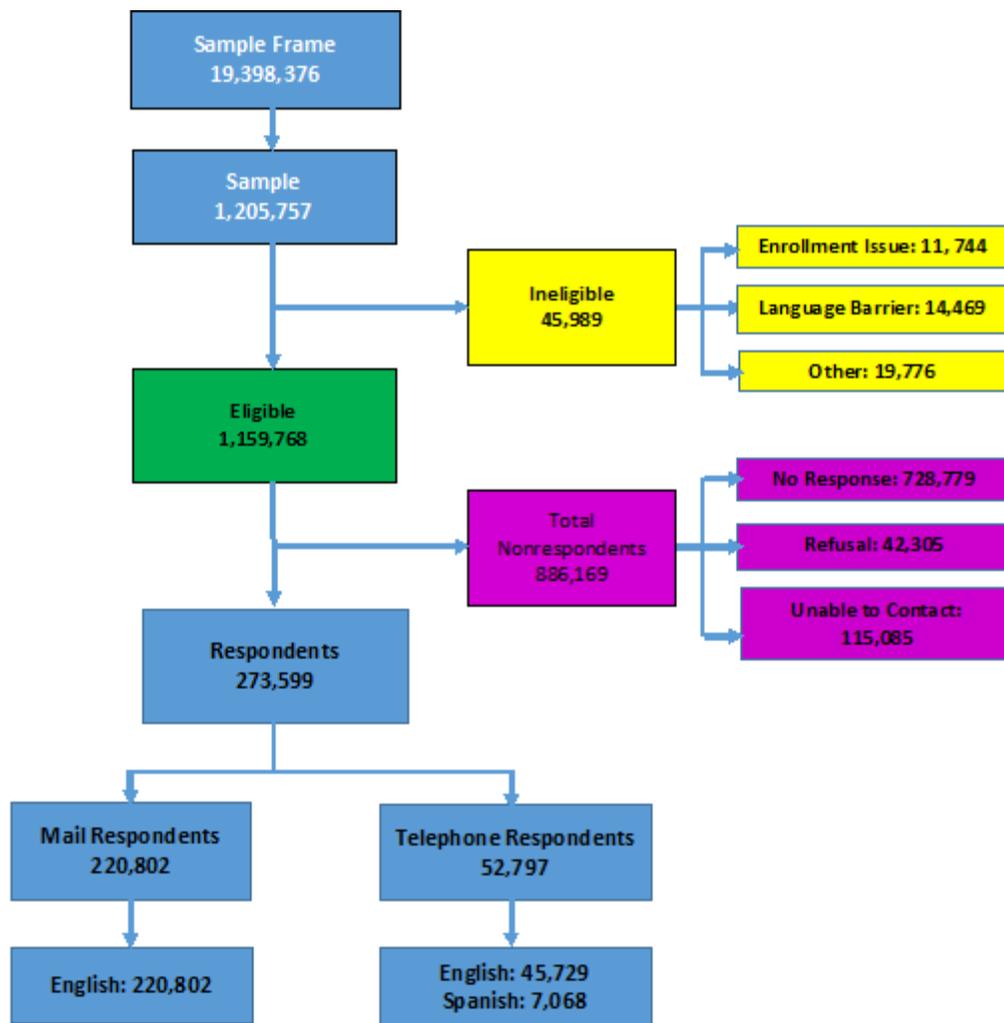
Final disposition codes were applied using the disposition codes for a standard CAHPS survey. Table 4.2 shows the disposition codes and their definitions. Note that those starting with M were resolved through the return of the mail questionnaire; those starting with T were resolved through the telephone follow-up portion of data collection. The table also shows the response rate code, which we use to calculate the overall survey response rate.

Table 4.2: Final Disposition Codes and Definitions for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Disposition Code and Definition	Response Rate Code
M10 or T10 = complete and valid survey	Complete
M20 or T20 = ineligible: deceased	Ineligible
M21 or T21 = ineligible: does not meet eligible population criteria	Ineligible
M22 or T22 = ineligible: language barrier	Ineligible
M23 = non-response: bad address	Nonresponse
T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number	Nonresponse
M24 or T24 = ineligible: mentally or physically incapacitated*	Nonresponse
M31 or T31 = non-response: partially completed survey	Partial Complete
M32 or T32 = non-response: refusal	Nonresponse
M33 or T33 = non-response: after maximum attempts	Nonresponse
M34 or T34 = non-response: blank survey or incomplete survey	Nonresponse

The definition for a complete for this survey was based on the following criteria:

- 4 rating questions-- two of which were conditional, and,
- 16 critical questions-- four of which were conditional.

A respondent would be asked between 14 and 20 key questions throughout the survey. Those who answered at least 33% of these combined key questions are considered a complete. A partial complete is defined as anyone who answered at least one survey question beyond the first two questions (i.e., Q1, Q2).

Table 4.3 shows the four rating questions and Table 4.4 shows the 16 critical questions for this survey.

Table 4.3:   Rating Questions for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Question Number	Applicable-to-All	Conditional
16	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	
34		Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
38		We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
41	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 your health plan?	

Table 4.4:   Critical Questions for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Question Number	Applicable-to-All	Conditional
3	In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	
4		In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
5	About how long has it been since you had a routine check-up by a doctor or other health professional?	
6	In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?	
7		In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?
8	During the past 6 months, how many times have you gone to a hospital emergency room about your own health (This includes emergency room visits that resulted in a hospital admission.)?	
10	In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	
17	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	
21	In the last 6 months, were you unable to get medical care, tests, or treatments you or a doctor believed necessary?	

Question Number	Applicable-to-All	Conditional
22		Which of these best describes the main reason you were unable to get medical care, tests, or treatments you or a doctor believed necessary? Choose one.
23	Is there a place that you usually go to when you are sick or need advice about your health?	
24		Why don't you have a usual source of medical care? Mark one or more
35	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you need to make an appointment to see a specialist?	
42	In general, how would you rate your overall health?	
43	In general, how would you rate your overall mental or emotional health?	
54	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	

To give a measure of the survey performance, we calculated the response rate using the standard AAPOR (American Association of Public Opinion Research) definitions. In general, the formula for the response rate (referred to as AAPOR RR2) is shown as

$$Response\ Rate = \frac{Completes + Partial\ Completes}{Total\ Sampled\ Adults - Ineligible\ Adults}$$

With the final disposition codes, we calculated the response rates. Overall, the 2014-2015 Nationwide Adult Medicaid CAHPS survey had a response rate of 23.6%. There were differential response rates both by state and by stratum. The response rate for Dual Eligibles and Persons with Disabilities, for example, was much higher than that for MC or FFS-PCCM. Table 4.5 shows the response rate by strata and overall. Table 4.6 shows the response rates by state and stratum, which ranges from 5.3% for Texas:FFS-PCCM, up to 47.6% for Iowa:Full-Duals, with the median state by strata response rate at 25.1%.

Table 4.5: Response Rates by Strata, Overall for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

Stratum	Completes	Partials	Eligible Sampled Cases	Response Rate
Overall	272,679	1,045	1,159,768	23.6%
Full Dual	91,456	341	244,189	37.6%
Disabled	76,704	266	249,210	30.9%
Managed Care	57,673	232	374,838	15.4%
FFS PCCM	46,846	206	291,531	16.1%

Table 4.6: Response Rates by State and Stratum for the 2014-2015 Nationwide Adult Medicaid CAHPS Survey.

State	Full Duals	Disabled	Managed Care	FFS PCCM
AL Alabama	39.1%	35.1%		15.5%
AR Arkansas	43.0%	34.0%		17.4%
AZ Arizona	35.6%	26.1%	14.6%	15.8%
CA California	34.1%	25.6%	14.6%	16.5%
CO Colorado	39.3%	38.5%	18.9%	19.1%
CT Connecticut	30.1%	25.1%		14.6%
DC District of Columbia	40.5%	23.0%	16.6%	18.1%
DE Delaware	28.3%	24.6%	14.7%	15.3%
FL Florida	26.6%	27.9%	9.1%	9.0%
GA Georgia	37.7%	34.5%	16.2%	15.1%
HI Hawaii	46.2%	38.5%	23.1%	
IA Iowa	47.6%	35.7%	14.6%	25.0%
ID Idaho	44.2%	39.8%		19.7%
IL Rest of State	36.9%	28.3%	23.8%	13.2%
IN Indiana	40.3%	38.6%	16.1%	22.6%
KS Kansas	41.2%	34.5%	16.5%	
KY Kentucky	36.7%	29.4%	15.4%	
LA Louisiana	36.7%	33.9%		15.0%
MA Massachusetts	37.6%	25.3%	15.1%	17.2%
MD Maryland	31.2%	26.1%	18.5%	21.1%
ME Maine	34.9%	26.9%		11.1%
MI Michigan	37.1%	31.0%	14.3%	17.0%
MN Minnesota	38.1%	28.7%	16.8%	11.9%
MO Missouri	38.3%	33.9%	12.1%	15.2%
MS Mississippi	37.6%	36.2%	17.2%	12.3%
MT Montana	44.5%	37.0%		18.9%
NC North Carolina	37.4%	31.2%		13.1%
NE Nebraska	46.8%	35.5%	17.0%	18.5%
NJ New Jersey	24.5%	21.0%	9.8%	14.3%
NM New Mexico	28.9%	24.7%	17.6%	15.6%
NV Nevada	36.1%	25.7%	9.0%	13.7%
NY Rest of State	34.3%	26.0%	24.8%	18.9%
OH Ohio	37.1%	33.3%	12.9%	14.5%
OK Oklahoma	42.2%	35.8%		11.3%
OR Oregon	38.4%	30.0%	17.5%	16.6%
PA Rest of State	41.9%	32.4%	15.5%	19.6%
RI Rhode Island	31.5%	24.4%	11.9%	22.9%
SC South Carolina	40.5%	32.6%	14.4%	10.8%
SD South Dakota	35.3%	34.6%		15.8%
TN Tennessee	39.5%	32.4%	13.4%	
TX Rest of State	24.6%	22.9%	5.5%	5.3%
UT Utah	43.6%	36.6%	19.7%	22.7%
VA Virginia	35.4%	29.1%	14.4%	13.5%
VT Vermont	45.9%	29.2%		23.4%
WA Washington	35.4%	26.4%	12.4%	14.7%
WV West Virginia	45.7%	38.6%	17.7%	21.7%
WY Wyoming	39.3%	31.9%		12.5%

V.   Data Processing and Preparation

Introduction

Chapter V describes the processing of the final survey dataset. Specifically, this chapter explains how the "raw" data collection files were automatically processed and edited for the mail and telephone questionnaires.

Data Processing: Mail Questionnaire

Throughout the data collection period, a quality control process was performed for the mail questionnaires. Once the mail questionnaire was returned by an enrollee and received by Thoroughbred, it was scanned to be transformed into an electronic version using imaging software. As the questionnaires were scanned, they were monitored to ensure that all pages were scanned appropriately. During this process, there may have been difficulties reading the entire questionnaire, or with reading a response for a given question.

Any data that the imaging software could not recognize with a 99.9% confidence level were displayed to a human operator for verification. The operator keyed the information from the image on his or her screen. The operator had the ability to look at the entire document on their screen to ensure the response could be understood. All data captured by a human operator were then verified 100% by a second operator.

In addition to reviewing questionnaires that were flagged by the imagining software, random questionnaires were reviewed to confirm that each and every question was what the respondent marked on the survey. There also were programs run to check for problems with the data, for example, out of range responses or anything that the scanner may have picked up inaccurately. Any inaccuracies that were found were investigated and appropriate action taken.

Data Processing: Telephone Interview

Though the initial survey was mailed to all sampled enrollees, a telephone follow-up was required for enrollees that did not respond to the mail questionnaire. The Computer-Aided Telephone Interview (CATI) system was equipped with units that permitted interviewing supervisors and project professional staff to monitor interviews while they were being conducted. The supervisor could listen unobtrusively to

the interviewer and respondent and could watch on his/her own monitor the CATI screen and the entries made by the interviewer.

Throughout the survey, each interviewer was monitored on a regular, but randomly selected basis. Any problems identified were corrected immediately after the interview was completed. In keeping with HEDIS CAHPS Survey standards, a minimum of 10% of each interviewer's work was monitored unobtrusively during the interview. Their work was monitored or validated for: reading questions as written, recording answers correctly, and recording of accurate verbatim responses. No interviewer was allowed to complete more than 15% of the quota on the project.

Final Data Processing

Once the data have been collected from either the scanned mail questionnaire or CATI system, further quality control steps were applied. A program, written specifically for the 2014-2015 Nationwide Adult Medicaid CAHPS survey, specified logic rules, legal skip patterns, and valid data ranges for the survey items. The data were run through the cleaning program to check for the accuracy of skip patterns and invalid and out of range responses. A separate program was run to score the items to determine an individual record's status for completeness. For a detailed description of how a complete was defined, see chapter IV.

As part of the quality control process, imaged data were compared against records from the Return Document Control System (RDCS) to determine whether every piece of mail received was processed and accounted for. The RDCS database was uploaded to identify questionnaire IDs that were scanned. Reports were generated to identify whether there were missing sequential or individual IDs (i.e. if there was a mismatch between RDCS and scanned data). If an ID or IDs appeared in the RDCS and not in the scanned data file, the batch of questionnaires was located, the survey(s) matching the IDs in question were removed and sent through the scanning and imaging process. If an ID or IDs appeared in the scanned data file and not in the RDCS, the survey(s) in question were located, the ID(s) verified and entered into the RDCS.

The design of this study permitted duplicate cases to be generated in a number of ways. If a respondent did not mail the first survey to Thoroughbred until very close to the second survey mailing date, his/her record was not removed from the second addressing file. Consequently, s/he may have had the opportunity to complete the second survey. The consistency and editing checks identified and eliminated the duplicate occurrence of a case number within the returned mail data files. The most complete questionnaire mailed by the respondent was always kept.

The second type of duplicated case resulted from people returning mail questionnaires after the telephone follow-up phase has started. In this case, respondents may have been contacted by telephone before receipt and processing of their survey. If duplicated cases result from a telephone complete and late returned questionnaire, the most complete survey was kept.

VI. Estimation

Introduction

The purpose of estimation in the 2014-2015 Nationwide Adult Medicaid CAHPS survey is to infer enrollee experiences in the target population based on the data collected from the sample. The estimation, or weighting, procedures make adjustments for variation in sampling rates and differential response rates to produce robust estimates at state level. This chapter documents the processes used in weighting, and variance estimation for the 2014-2015 Nationwide Adult Medicaid CAHPS survey.

Weighting

In this section, we describe the estimation procedure for the 2014-2015 Nationwide Adult Medicaid CAHPS survey. The weighting scheme involves the following steps:

- Base sampling weights;
- Adjustment for ineligible adults;
- Adjustment for nonresponse among eligible adults.

The steps are discussed in detail below.

Note that the final sampling frame was created such that the following criteria were met:

1. Adults aged 18 year and older;
2. Continuous eligibility from October through December, 2013 as well as defined as eligible in August, 2014;
3. Enrollee had address and/or phone number available;
4. Not institutionalized (as determined through Long-Term Care claims);
5. Not enrolled in a Family Planning Waiver.

As described in chapter II, a systematic sample was taken from the state's final sampling frame within each of the four strata (e.g., Full Duals, Disabled, Managed Care (MC), Fee-For-Service/Primary Care Case Management (FFS-PCCM)).

The weighting process was limited by the information that was available on the MSIS data files. For this reason, our weighting adjustments only include age group and gender as these were deemed mostly complete and accurate. Additional variables were available on the frame, such as Race and Ethnicity, but

there was inconsistency in how these fields were populated as well as their completeness. For this reason, NORC chose not to use fields where we did not have confidence in the accuracy. Additionally, there are no known external population control totals for the targeted group of enrollees, and therefore, no post-stratification was applied.

Base Sampling Weights

Sample was selected within each of the four strata, within each state. The weighting process started with computing the base weights of the sampled enrollees, where the base weight was the reciprocal of the selection probability of an enrollee. The base weight for the k-th enrollee from the h-th stratum within the g-th state in the released sample was defined by

$$W_{1ghk} = \frac{1}{\pi_{ghk}} = \frac{N_{gh}}{n_{gh}} \text{ , where}$$

π_{ghk} = probability of selecting the k-th enrollee from the h-th stratum within the g-th state,

n_{gh} = sample size from the h-th stratum within the g-th state,

N_{gh} = total enrollees on the final sampling frame from the h-th stratum within the g-th state.

This resulted in four distinct base weights for each state, one per stratum (noting that some states did not have all four strata). In certain situations, the targeted sample for a state's stratum was larger than what was available in the final sampling frame. In such cases, a census of that stratum was taken and the base weight was set to 1.

For one state, exact final frame counts were unavailable. For this state, an adjustment was done to account for the proportion of the full frame that was expected to be ineligible based on a sample that was sent to the state. It was assumed that the percent of ineligible cases in the sample would represent the percent of ineligible cases in the sampling frame, and this percent was applied to the frame count totals that had been aggregated.

Adjustment for Ineligibility

At the next step, an adjustment to the contacted cases was necessary to account for the cases that we deemed ineligible. For making the weighting adjustment, we first formed a number of adjustment cells within each stratum and state by controlling for known covariates. Within each stratum, we computed the adjusted weights as follows:

$$W_{2ghk} = \frac{W_{1ghk}}{R_{2ghq}}, \text{ if } k \in A, q, g, h$$

$$= 0, \text{ otherwise,}$$

where,

$$R_{2ghq} = \frac{\sum_{k \in A} \delta_{2ghkq} W_{1ghk}}{\sum_{k \in sample} \delta_{2ghkq} W_{1ghk}},$$

$A \quad = \quad$ set of enrollees that were deemed eligible, and

$\delta_{2ghkq} \quad = \quad 1, \quad$ if the k-th enrollee was in the q-th adjustment cell from the h-th stratum within the g-th state,

$$= \quad 0, \quad \text{otherwise.}$$

Adjustment cells (q) for the sample within each state and stratum were defined by age group (18-20, 21-44, 45-64, 65-74, 75-84, 85+), and gender (Male, Female, Missing). Logistic regression analysis was performed to determine variables available on the frame that are associated with being contacted. Adjustment cells were collapsed where the number of cases is small (less than 20).

Adjustment for Interview Nonresponse

Among the contacted survey-eligible enrollees, not all completed the 2014-2015 Nationwide Adult Medicaid CAHPS interview. The weight assigned to an enrollee responding to the interview was adjusted to account for the nonresponse of other survey-eligible enrollees. The adjustment was made by forming nonresponse adjustment cells (s). The adjusted weight for the k-th enrollee is

$$W_{3ghk} = \frac{W_{2ghk}}{R_{3ghr}} \text{ , if } k \in B, r, g, h$$

$$= 0 \text{ , } \quad \text{otherwise,}$$

where

$$R_{3ghr} = \frac{\sum_{k \in B} \delta_{3ghkr} W_{2ghk}}{\sum_{k \in A} \delta_{3ghkr} W_{2ghk}},$$

$$B = \text{subset of enrollees in } A \text{ that completed the CAHPS interview, and}$$

$$\delta_{3ghkr} = 1 \text{ , } \quad \text{if the } k\text{-th enrollee was in the } r\text{-th adjustment cell from the } h\text{-th}$$
$$\quad \text{stratum within the } g\text{-th state}$$
$$= 0 \text{ , } \quad \text{otherwise.}$$

Adjustment cells (r) for the sample within each stratum were defined by age group (18-20, 21-44, 45-64, 65-74, 75-84, 85+), and gender (Male, Female, Missing). A logistic regression analysis was performed to determine variables available on the frame that are associated with completing the survey. Adjustment cells were collapsed where the number of cases is small (less than 20).

This weight will be the final weight for all CAHPS interview tabulations.

Table 6.1: Overall Summary of the 2014-2015 Nationwide Adult Medicaid CAHPS Survey Weights.

Weights	Number of Records	Sum of Weights	Minimum Weight	Median Weight	Maximum Weight	CV% of Weights
Base Sampling Weights	1,205,757	19,398,376	1.00	8.21	203.41	162.04
Adjustment for Ineligibility	1,159,768	19,398,376	1.00	8.32	254.31	167.55
Adjustment for Interview Nonresponse (Final Weight)	272,679	19,398,376	1.96	30.24	1,464.95	189.18

Table 6.2: Summary of the 2014-2015 Nationwide Adult Medicaid CAHPS Survey Final Weights, by Strata.

Weights	Number of Records	Sum of Weights	Minimum Weight	Median Weight	Maximum Weight	CV% of Weights
Full Dual	91,456	5,157,822	2.28	29.28	945.85	182.81
Disabled	76,704	3,651,490	2.44	29.39	564.66	137.69
Managed Care	57,673	6,754,883	3.09	43.67	1,323.75	175.99
FFS-PCCM	46,846	3,834,180	1.96	26.01	1,464.95	178.28

Table 6.3: Distribution of the 2014-2015 Nationwide Adult Medicaid CAHPS Survey Final Weights, by State.

State	Number of Records	Sum of Weights	Minimum Weight	Median Weight	Maximum Weight	CV% of Weights
Total	272,679	19,398,376	1.96	30.24	1,464.95	189.18
AL Alabama	5,088	191,326	16.50	35.72	69.43	28.11
AR Arkansas	5,386	113,159	8.67	18.82	38.62	26.65
AZ Arizona	5,864	502,369	31.20	57.05	413.74	77.33
CA California	5,589	3,815,227	307.19	650.35	1,464.95	40.70
CO Colorado	7,333	274,005	4.21	8.96	296.22	150.52
CT Connecticut	3,954	287,804	13.55	26.19	321.47	128.84
DC District of Columbia	6,281	129,800	2.59	12.13	97.00	99.31
DE Delaware	4,969	74,191	3.01	6.59	74.14	115.46
FL Florida	4,481	753,774	47.35	161.60	532.66	46.94
GA Georgia	6,637	320,731	4.86	49.96	99.85	44.08
HI Hawaii	6,710	125,937	4.81	12.07	56.94	83.75
IA Iowa	7,480	169,861	3.67	16.67	80.92	85.92
ID Idaho	5,740	48,844	5.73	7.36	31.44	43.59
IL Rest of State	7,032	586,129	17.65	64.42	331.63	91.97
IN Indiana	7,506	291,045	11.02	31.87	107.43	56.66
KS Kansas	5,747	80,585	6.05	12.88	40.26	33.51
KY Kentucky	5,517	230,244	2.24	41.63	83.52	40.01
LA Louisiana	4,866	298,169	30.93	42.54	374.72	81.40
MA Massachusetts	6,109	597,990	32.92	100.42	299.67	63.68
MD Maryland	6,563	368,830	3.64	37.53	221.83	93.89
ME Maine	4,100	134,335	10.84	21.12	136.33	91.54
MI Michigan	6,140	669,044	3.09	83.46	482.22	91.75
MN Minnesota	5,810	179,017	3.74	26.18	99.70	50.83
MO Missouri	6,433	241,188	10.66	38.03	64.21	29.16
MS Mississippi	6,709	172,141	4.47	24.99	49.87	30.32
MT Montana	5,739	25,958	2.84	4.17	10.85	30.68
NC North Carolina	4,594	472,844	52.12	87.62	272.27	47.17
NE Nebraska	6,559	60,448	2.40	8.25	27.12	37.33
NJ New Jersey	4,621	421,449	21.23	78.81	297.09	70.96
NM New Mexico	5,802	200,702	15.31	23.40	98.74	58.65
NV Nevada	5,190	71,024	3.17	8.57	57.19	81.44
NY Rest of State	6,807	2,568,956	59.76	304.94	1,090.78	67.62
OH Ohio	6,019	983,688	61.43	99.68	711.87	87.38

State	Number of Records	Sum of Weights	Minimum Weight	Median Weight	Maximum Weight	CV% of Weights
OK Oklahoma	4,978	207,781	15.98	26.82	236.61	104.10
OR Oregon	6,414	221,622	11.73	26.69	99.87	63.49
PA Rest of State	6,414	776,368	2.85	127.81	252.80	49.42
RI Rhode Island	5,492	76,957	2.79	11.11	45.90	63.31
SC South Carolina	6,247	372,943	23.81	48.21	314.04	71.88
SD South Dakota	4,946	21,516	2.48	3.59	12.47	45.98
TN Tennessee	5,280	463,147	42.10	51.54	300.06	75.48
TX Rest of State	3,440	939,047	12.40	234.25	842.24	69.28
UT Utah	7,587	50,906	1.96	6.08	16.23	48.57
VA Virginia	6,097	271,747	18.76	42.44	89.78	31.67
VT Vermont	5,713	76,793	3.38	7.84	53.43	90.59
WA Washington	5,386	316,773	8.77	59.76	120.64	41.73
WV West Virginia	7,933	128,273	2.46	17.43	62.69	51.16
WY Wyoming	3,377	13,689	2.28	2.90	18.54	67.80

Variance Estimation

In this section, we discuss variance estimation for estimates using the 2014-2015 Nationwide Adult Medicaid CAHPS. As described in chapter II, the survey used a stratified single-stage sampling design, where the stratifiers were state and group within state (i.e., Full Duals, Disabled, Managed Care, FFS-PCCM). Each ratio estimator, $\hat{\theta}$, corresponds to a population parameter, θ, such as the true but unknown rate of enrollees who have been to see a doctor for a check-up within the last 12 months, or the proportion of enrollees in a particular race/ethnicity category. To define the population parameter, let

N_{gh} = the number of enrollees in state g stratum h (h =1, 2, 3, 4)

Y_{ghk} = the value of Y for enrollee k in in state g stratum h

d_{ghk} = 0 or 1, indicating whether enrollee k in state g stratum h belongs to a particular domain (such as a category of race/ethnicity)

$$Y_{dgh} = \sum_{k=1}^{N_{gh}} d_{ghk} Y_{ghk}$$

$$T_{dgh} = \sum_{k=1}^{N_{gh}} d_{ghk}$$

Then, adding the subscript d to indicate the role of the domain, the ratio for a given state g

$$\theta_{dg} = \frac{\sum_{h=1}^{4} Y_{dgh}}{\sum_{h=1}^{4} T_{dgh}}$$

is the parameter of interest.

In the sample let

n_{gh} = the number of enrollees in state g stratum h (h =1, 2, 3, 4)

W_{ghk} = the sampling weight for enrollee k in in state g stratum h

Y'_{ghk} = the value of Y for enrollee k in in state g stratum h

d'_{ghk} = 0 or 1, indicating whether enrollee k in state g stratum h belongs to a particular domain

$$\hat{Y}_{dgh} = \sum_{k=1}^{n_{gh}} d'_{ghk} W_{ghk} Y'_{ghk}$$

$$\hat{T}_{dgh} = \sum_{i=1}^{n_{gh}} \sum_{j=1}^{m_{thi}} d'_{thij} W_{thij}$$

(the distinction between Y'_{ghk} and Y_{ghk} and between d'_{ghk} and d_{ghk} is merely that for Y'_{ghk} and d'_{ghk} the subscripts k to sampled enrollees, respectively, within state g and estimation area h, whereas for Y_{ghk} and d_{ghk} they refer to enrollees in the population in state g and estimation area h). Then the combined ratio estimator for θ_d is

$$\hat{\theta}_d = \frac{\sum_{h=1}^{4} \hat{Y}_{dgh}}{\sum_{h=1}^{4} \hat{T}_{dgh}}$$

.

To estimate the variance of $\hat{\theta}_d$, a Taylor-series approximation is used (Wolter, 2007). Within state g and estimation area h, linearization yields the new variable.

$$Z_{ghk} = \frac{d'_{ghk} W_{ghk} (Y'_{ghk} - \hat{\theta}_d)}{\sum_{h=1}^{4} \hat{T}_{dgh}}$$

Then, letting

$$Z_{gh} = \sum_{k=1}^{n_{gh}} Z_{ghk}$$

and

$$\bar{Z}_{gh} = \frac{\sum_{i=1}^{n_{gh}} Z_{ghk}}{n_{gh}}$$

the Taylor-series approximation to the variance of $\hat{\theta}_d$ is

$$v(\hat{\theta}_d) = \sum_{h=1}^{L} \frac{n_{gh}}{n_{gh} - 1} \sum_{i=1}^{n_{gh}} (Z_{ghk} - \bar{Z}_{gh})^2$$

While this is very technical, many statistical programs are able to do this Taylor-series computation which takes into account the complex sample design. Namely, SAS, Sudaan, and Stata are all able to compute these variance estimates for analysis, though the user will need to be sure to define the stratification done both by state and strata (i.e., Full Duals, Disabled, Managed Care, FFS-PCCM). There is an additional variable that was created that concatenates both state and stratum together for this purpose, STATE_STRATUM.

References

Wolter, K.M. (2007). *Introduction to variance estimation* (2nd ed.). New York: Springer-Verlag.

VII. Analytic Data Files

Introduction

For the 2014-2015 Nationwide Adult Medicaid CAHPS survey, NORC delivered three major datasets to CMS as follows:

1. Analysis File containing a record for each adult for whom a completed or partial interview was obtained;
2. Disposition File, containing a record for each enrollee sampled for each state; and
3. Crosswalk file, containing a record for each enrollee in the Sample File.

The Analysis File, Disposition File, and Crosswalk File were delivered as SAS datasets. The variable SID (Survey ID Number) can be used to link the records in the Analysis File, Disposition File, and Crosswalk File. Additionally, an excel file with detailed layouts for each dataset were provided, and are included in appendices G, H, and I. Note that the PII has been separated from the Analysis file and is contained only in the Crosswalk file. This measure was taken to protect PII and ensure its restricted use for future research.

The remainder of this chapter contains a discussion of these three files and their contents. Data layouts are provided with the data files.

Analysis File

The Analysis file is a SAS dataset with one record for each eligible enrollee for whom the definition of complete was met (see chapter IV for more information). There are a total of 272,679 records in the file. It contains all variables from the interview, plus geographic, strata, and weighting variables. The layout of the data file is found in Appendix G.

For questions where a simple yes/no or Likert scale (e.g., always, usually, sometimes, never) was used, the appropriate value was used as the response, such as Yes=1, No=0 or Never=1, 2=Sometimes, 3=Usually, 4=Always. In addition to the response options available, three other values were used for the survey questions: 7 or 77 indicates an appropriately skipped question, 8 or 88 indicates there were multiple marks for the question, and 9 or 99 indicates missing response for the question.

There were some questions where either multiple answers were possible, or the answers were categorical and would not make sense in a scalable form, such as Race or Ethnicity. For these questions, the different potential responses were separated into multiple variables. For example, Question 24 ("Why don't you have a usual source of medical care?"), each potential answer (Have no problems, No doctors take my insurance, No doctors speak my language, etc.) is a single variable with a letter post-script (24A, 24B, 24C, etc.).

There is one question in the survey that has a slightly different coding than in the questionnaire. Question 68 of the survey asks "Are you of Hispanic, Latino/a, or Spanish origin?" The responses are:

A. No, not of Hispanic, Latino/a, or Spanish origin
B. Yes, Mexican, Mexican American, Chicano/a
C. Yes, Puerto Rican
D. Yes, Cuban
E. Yes, another Hispanic, Latino, or Spanish origin

For ease of analysis, question Q68A has been recoded as 1=Yes, of Hispanic, Latino/a, or Spanish origin; and 0=Not of Hispanic descent/Not Ascertained. Therefore, each case that has Q68A=1 will also have at least one response checked for Q68B-Q68E. If a researcher simply wants to know which enrollees are of Hispanic origin and is not concerned with finer detailed categories, Q68A is easier to use than having to combine multiple answers together to determine those who are of Hispanic origin.

Disposition File

The Disposition file contains one record for each sampled enrollee, containing 1,205,757 records. It gives the final disposition code (DISPOSITION1) of each sampled enrollee (see Table 4.2), as well as a label (DISPOSITION1_LABEL). There is a second disposition code (DISPOSITION2), which contains more detail related to the final disposition (and also a label, DISPOSITION2_LABEL). For example, the final disposition code for Max Attempts is M33/T33, but there is more detail given with the second disposition code (Disconnected, Computer Tone, Blocked Number, No Such Person). It should be noted that DISPOSITION2 tend to be related to telephone outcomes, where it is possible to probe for clarification on why a survey cannot be completed.

The file contains additional variables such as SID, Enrollee's Age Group (AGE_GROUP), Enrollee's Gender (GENDER). Also included is information that was used to stratify by during the sample selection

process, namely state (STATE) and enrollee stratum (STRATUM: Full-Duals, Disabled, MC, FFS-PCCM). The layout of the data file is found in Appendix H.

Crosswalk File

The Crosswalk file contains one record for each sampled enrollee that had a completed survey and contains 272,679 records. The Crosswalk file contains three variables only: SID, MSIS ID Number (MSIS_ID), and Social Security Number (SSN). The SID variable is the linking variable between the Crosswalk File and the Analysis and Sample Files. The layout of the data file is found in Appendix I. Of the three files prepared for CMS, the Crosswalk file is the only one that contains PII.

VIII. Appendices

Appendix A: 2014-2015 Nationwide Adult Medicaid CAHPS Questionnaire

Nationwide Adult Medicaid CAHPS® Questionnaire

SURVEY INSTRUCTIONS

- Answer each question by filling in the circle to the left of your answer, like this: ● Yes
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

○ Yes →If Yes, Go to Question 1

○ No

The Centers for Medicare & Medicaid Services is conducting this survey of people with Medicaid to learn more about the care and services they receive. This survey will ask about your recent experiences receiving health care and should take about 20 minutes to complete. Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. Responding to the survey does not involve any risks beyond those of daily life. You may skip any questions that you do not feel comfortable answering. Your participation in this research is confidential, and we will not share your name or any other identifying information with any outside organization. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey. Please contact Thoroughbred Research Group toll-free at 1-800-264-1576 or call the NORC Institutional Review Board toll-free at 1-866-309-0542 with questions about this research.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1239. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Our records show that in the last 6 months you were enrolled in

AGENCY/
MC_NAME

Is that right?

  1 ○ Yes →If Yes, Go to Question 3

  2 ○ No

2. What is the name of your health plan? (Please print)

_____

THOR_CAHPS_ADULT_MEDICAID

Your Health Care in the Last 6 Months

These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital.

3. In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?

  1 ○ Yes

  2 ○ No →If No, Go to Question 5

12345678900

1

4. In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?

    1 ○ Never

    2 ○ Sometimes

    3 ○ Usually

    4 ○ Always

5. About how long has it been since you last visited a doctor for a <u>check-up</u>?

    1 ○ Within the past year
       (anytime less than 12 months ago)

    2 ○ Within the past 2 years
       (1 year but less than 2 years ago)

    3 ○ Within the past 5 years
       (2 years but less than 5 years ago)

    4 ○ 5 or more years ago

    5 ○ Never

6. In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?

    1 ○ Yes

    2 ○ No → If No, Go to Question 8

7. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?

    1 ○ Never

    2 ○ Sometimes

    3 ○ Usually

    4 ○ Always

8. In the last 6 months, how many times did you go to an <u>emergency room</u> to get care for yourself?

    0 ○ None →If None, Go to Question 10

    1 ○ 1 time

    2 ○ 2

    3 ○ 3

    4 ○ 4

    5 ○ 5 to 9

    6 ○ 10 or more times

9. What was the main reason for your last <u>emergency room</u> visit? Choose one.

    0 ○ Didn't have a doctor

    1 ○ Doctor's office or clinic was not open

    2 ○ Doctor's office or clinic was open, but could not get an appointment

    3 ○ Problem was too serious for the doctor's office or clinic

    4 ○ Get most of my care at the emergency room

10. In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

    0 ○ None → If None, Go to Question 16

    1 ○ 1 time

    2 ○ 2

    3 ○ 3

    4 ○ 4

    5 ○ 5 to 9

    6 ○ 10 or more times

11. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

    1 ○ Yes

    2 ○ No

12. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

    1 ○ Yes

    2 ○ No → If No, Go to Question 16

13. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

    1 ○ Not at all

    2 ○ A little

    3 ○ Some

    4 ○ A lot

14. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?

1 ○ Not at all
2 ○ A little
3 ○ Some
4 ○ A lot

15. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

1 ○ Yes
2 ○ No

16. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate <u>all</u> your health care in the last 6 months?

Worst health care possible   Best health care possible

0   1   2   3   4   5   6   7   8   9   10
○   ○   ○   ○   ○   ○   ○   ○   ○   ○   ○

17. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always

18. In the last 6 months, how often was it easy to get <u>special medical equipment</u>, such as a cane, a wheelchair, diabetic testing supplies, or a nebulizer, you needed?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always
5 ○ Did not need special medical equipment in the last 6 months

19. In the last 6 months, how often was it easy to get the <u>mental health or behavioral health services</u> you needed?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always
5 ○ Did not need these services in the last 6 months

20. In the last 6 months, how often was it easy to get the <u>dental services</u> you needed?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always
5 ○ Did not need these services in the last 6 months

21. In the last 6 months, were you ever <u>not</u> able to get medical care, tests, or treatments you or a doctor believed necessary?

1 ○ Yes
2 ○ No → If No, Go to Question 23

22. What is the main reason you were <u>not</u> able to get medical care, tests, or treatments you or a doctor believed necessary? Choose one.

0 ○ Couldn't afford care
1 ○ My health plan wouldn't approve, cover, or pay for care
2 ○ Doctor refused to accept my insurance
3 ○ Doctor doesn't speak my language
4 ○ Couldn't get transportation to doctor's office
5 ○ Couldn't take time off work or get child care
6 ○ Didn't know where to go to get care
7 ○ The wait took too long

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23. **Is there a place that you _usually_ go to when you are sick or need advice about your health?**

   1 ○ Yes →If Yes, Go to Question 25

   2 ○ There is NO place

24. **Why don't you have a usual source of medical care? _Mark one or more_.**

   a ○ Haven't had any problems

   b ○ No doctors take my insurance

   c ○ No doctors speak my language

   d ○ Doctor's office is too far away or not convenient

   e ○ Don't plan to see a doctor even when I'm sick

25. **What kind of place do you go to most often for your medical care? Choose one.**

   1 ○ Clinic or health center

   2 ○ Doctor's office or HMO

   3 ○ Hospital emergency room

   4 ○ Hospital outpatient department

   5 ○ Some other place

   6 ○ Don't go to one place most often

Your Personal Doctor

26. **A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?**

   1 ○ Yes

   2 ○ No →If No, Go to Question 35

27. **In the last 6 months, how many times did you visit your personal doctor to get care for yourself?**

   0 ○ None →If None, Go to Question 34

   1 ○ 1 time

   2 ○ 2

   3 ○ 3

   4 ○ 4

   5 ○ 5 to 9

   6 ○ 10 or more times

28. **In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?**

   1 ○ Never

   2 ○ Sometimes

   3 ○ Usually

   4 ○ Always

29. **In the last 6 months, how often did your personal doctor listen carefully to you?**

   1 ○ Never

   2 ○ Sometimes

   3 ○ Usually

   4 ○ Always

30. **In the last 6 months, how often did your personal doctor show respect for what you had to say?**

   1 ○ Never

   2 ○ Sometimes

   3 ○ Usually

   4 ○ Always

31. **In the last 6 months, how often did your personal doctor spend enough time with you?**

   1 ○ Never

   2 ○ Sometimes

   3 ○ Usually

   4 ○ Always

32. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

   1 ◯ Yes

   2 ◯ No →If No, Go to Question 34

33. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

   1 ◯ Never

   2 ◯ Sometimes

   3 ◯ Usually

   4 ◯ Always

34. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Worst personal doctor possible										Best personal doctor possible
0	1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Getting Health Care From Specialists

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

35. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

   In the last 6 months, did you need to make an appointment to see a specialist?

   1 ◯ Yes

   2 ◯ No →If No, Go to Question 39

36. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

   1 ◯ Never

   2 ◯ Sometimes

   3 ◯ Usually

   4 ◯ Always

37. How many specialists have you seen in the last 6 months?

   0 ◯ None →If None, Go to Question 39

   1 ◯ 1 specialist

   2 ◯ 2

   3 ◯ 3

   4 ◯ 4

   5 ◯ 5 or more specialists

38. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Worst specialist possible										Best specialist possible
0	1	2	3	4	5	6	7	8	9	10
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Your Health Plan

The next questions ask about your experience with your health plan.

39. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

   1 ◯ Never

   2 ◯ Sometimes

   3 ◯ Usually

   4 ◯ Always

   5 ◯ Did not try to get information or help → If No, Go to Question 41

40. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

   1 ○ Never

   2 ○ Sometimes

   3 ○ Usually

   4 ○ Always

41. 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 your health plan?

Worst health plan possible										Best health plan possible
0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

About You

42. In general, how would you rate your overall health?

   1 ○ Excellent

   2 ○ Very good

   3 ○ Good

   4 ○ Fair

   5 ○ Poor

43. In general, how would you rate your overall mental or emotional health?

   1 ○ Excellent

   2 ○ Very good

   3 ○ Good

   4 ○ Fair

   5 ○ Poor

44. Has a doctor ever told you that you had any of the following conditions? Mark 'Yes' or No' for each condition.

	Yes	No
a High cholesterol?	○	○
b High blood pressure?	○	○
c A heart attack?	○	○
d Angina or coronary heart disease?	○	○
e A stroke?	○	○
f Any kind of diabetes or high blood sugar?	○	○
g Cancer, other than skin cancer?	○	○
h Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	○	○

45. Are you deaf or do you have serious difficulty hearing?

   1 ○ Yes

   2 ○ No

46. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

   1 ○ Yes

   2 ○ No

47. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

   1 ○ Yes

   2 ○ No

48. Do you have serious difficulty walking or climbing stairs?

   1 ○ Yes

   2 ○ No

49. Do you have difficulty dressing or bathing?

   1 ○ Yes

   2 ○ No→If No, Go to Question 51

50. In the last month, did you ever go without showering/ taking a bath/ washing up because no one was there to help?

   1 ○ Yes

   2 ○ No

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51. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

    ¹ ○ Yes

    ² ○ No—→If No, Go to Question 53

52. In the last month, did you ever have to stay home because you had difficulty going out by yourself?

    ¹ ○ Yes

    ² ○ No

53. Have you had either a flu shot or flu spray in the nose within the past year?

    ¹ ○ Yes

    ² ○ No

    ³ ○ Don't know

54. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

    ¹ ○ Every day

    ² ○ Some days

    ³ ○ Not at all ⟶ If Not at all, Go to Question 58

    ⁴ ○ Don't know ⟶ If Don't know, Go to Question 58

55. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

    ¹ ○ Never

    ² ○ Sometimes

    ³ ○ Usually

    ⁴ ○ Always

56. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

    ¹ ○ Never

    ² ○ Sometimes

    ³ ○ Usually

    ⁴ ○ Always

57. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

    ¹ ○ Never

    ² ○ Sometimes

    ³ ○ Usually

    ⁴ ○ Always

58. Do you take aspirin daily or every other day?

    ¹ ○ Yes

    ² ○ No

    ³ ○ Don't know

59. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

    ¹ ○ Yes

    ² ○ No

    ³ ○ Don't know

60. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

    ¹ ○ Yes

    ² ○ No

61. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

    ¹ ○ Yes

    ² ○ No —→If No, Go to Question 63

62. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

    ¹ ○ Yes

    ² ○ No

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63. **Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.**

   ¹ ○ Yes

   ² ○ No →If No, Go to Question 65

64. **Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.**

   ¹ ○ Yes

   ² ○ No

65. **What is your age?**

   ¹ ○ 18 to 24

   ² ○ 25 to 34

   ³ ○ 35 to 44

   ⁴ ○ 45 to 54

   ⁵ ○ 55 to 64

   ⁶ ○ 65 to 74

   ⁷ ○ 75 or older

66. **Are you male or female?**

   ¹ ○ Male

   ² ○ Female

67. **What is the highest grade or level of school that you have completed?**

   ¹ ○ 8th grade or less

   ² ○ Some high school, but did not graduate

   ³ ○ High school graduate or GED

   ⁴ ○ Some college or 2-year degree

   ⁵ ○ 4-year college graduate

   ⁶ ○ More than 4-year college degree

68. **Are you of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)**

   ᵃ ○ No, not of Hispanic, Latino/a, or Spanish origin

   ᵇ ○ Yes, Mexican, Mexican American, Chicano/a

   ᶜ ○ Yes, Puerto Rican

   ᵈ ○ Yes, Cuban

   ᵉ ○ Yes, another Hispanic, Latino, or Spanish origin

69. **What is your race? Mark one or more.**

   ᵃ ○ White

   ᵇ ○ Black or African-American

   ᶜ ○ American Indian or Alaska Native

   ᵈ ○ Asian Indian

   ᵉ ○ Chinese

   ᶠ ○ Filipino

   ᵍ ○ Japanese

   ʰ ○ Korean

   ⁱ ○ Vietnamese

   ʲ ○ Other Asian

   ᵏ ○ Native Hawaiian

   ˡ ○ Guamanian or Chamorro

   ᵐ ○ Samoan

   ⁿ ○ Other Pacific Islander

   ᵒ ○ Some other race

70. **Did someone help you complete this survey?**

   ¹ ○ Yes →If Yes, Go to Question 71

   ² ○ No →Thank you. Please return the completed survey in the postage-paid envelope.

71. **How did that person help you? Mark one or more.**

   ᵃ ○ Read the questions to me

   ᵇ ○ Wrote down the answers I gave

   ᶜ ○ Answered the questions for me

   ᵈ ○ Translated the questions into my language

   ᵉ ○ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

THOROUGHBRED RESEARCH GROUP
P.O. Box 83190
Conyers, GA 30013-9858

0012

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Appendix B: CATI Script – English

[INTRO] Use English Intro, switch to Spanish language version based on preferred language of respondents CATI Specifications

[Read to each respondent, once reached. Respondent must agree to continue the interview to move forward.]

Hello, I'm calling on behalf of the Centers for Medicare and Medicaid Services, also called CMS, which is the federal agency that administers the Medicaid program. CMS has hired us to conduct an important study of people with Medicaid to learn more about the care and services they receive. Your name was selected at random by CMS from among Medicaid enrollees in your state.

We would greatly appreciate it if you would take about 20 minutes to participate in this survey. Your participation is voluntary, and there is no loss of benefits or penalty for deciding not to participate. Your participation does not involve any risks beyond those of daily life. You may skip any questions you do not want to answer and you may stop at any time. Your participation in this research is completely confidential and your answers will never be attributed to you. We will not share your name or any other identifying information with any outside organization.

For quality assurance, this call may be recorded or monitored. If you have questions, complaints, or concerns about this research, I can provide you with toll-free telephone numbers to call.

> *Have for reference if needed*: please call Thoroughbred Research Group toll-free at 1-800-264-1576 or the NORC Institutional Review Board toll-free at 1-866-309-0542, OR write CMS, 7500 Security Blvd, Att: Mail Stop C-4-26-05, Baltimore, MD 21244-1850.

May we begin?

YES: PROCEED WITH INTERVIEW   [GO TO Q01]
NO: ANSWER ANY QUESTIONS THE RESPONDENT HAS

> IF IT BECOMES CLEAR THAT THE BENEFICIARY CANNOT COMPLETE THE TELEPHONE INTERVIEW HIMSELF/HERSELF (FOR EXAMPLE IF HE/SHE IS HARD OF HEARING, HAS A SPEECH IMPEDIMENT, OR IS TOO ILL OR FRAIL TO DO THE INTERVIEW), OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE BENEFICIARY CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY.

IF SPEAKING TO THE BENEFICIARY: If you need help in completing this telephone interview or if you feel you are unable to complete the interview by yourself, you can have a family member or close friend help you or do the interview for you. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf.

THE INTERVIEWER MUST OBTAIN THE BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF YOU ARE UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN HIS/HER PERMISSION TO DO THE INTERVIEW FOR THEM, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE TO INTRO Q1.

[INTRO Q1]
Is there someone who could help you do the interview or who could do the interview for you?

1   YES   CONTINUE TO INTRO Q2
2   NO   THANK THE RESPONDENT AND TERMINATE CALL AND CODE AS
MENTALLY/ PHYSICALLY INCAPABLE

[INTRO Q2]
May we have your permission to conduct the telephone interview with this person on your behalf?

1   YES   CONTINUE TO INTRO Q3
2   NO   THANK THE RESPONDENT AND TERMINATE CALL AND CODE AS
MENTALLY/ PHYSICALLY INCAPABLE

[INTRO Q3]
IF NECESSARY: Is this person available to talk to us now?

1   YES   GO TO PROXY_INTRO 1
2   NO   [COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A
CALLBACK]
3   NO PROXY EXISTS   [TERMINATE, CODE AS MENTALLY/ PHYSICALLY
INCAPABLE]

PROXY_INTRO 1
Hello, I'm calling on behalf the Centers for Medicare and Medicaid Services, also called CMS, which is the federal agency that administers the Medicaid program. CMS has hired us to conduct an important study of people with Medicaid to learn more about the care and services they receive. The results of the study will help make health care better for everyone. [SAMPLE MEMBER NAME] was selected at random by CMS from among people with Medicaid and [SAMPLE MEMBER NAME] has given permission for you to answer the survey on his/her behalf.

[SAMPLE MEMBER NAME]'s participation in this survey is completely voluntary and will not affect [his/her] health care or any benefits [he/she] receives. The interview will take about 20 minutes to complete. You may skip any questions you do not want to answer and you may stop at any time. Your participation in this research is completely confidential and your answers will never be attributed to [SAMPLE MEMBER NAME]. We will not share [SAMPLE MEMBER NAME] or any other identifying information with any outside organization.

For quality assurance, this call may be recorded or monitored. If you have questions, complaints, or concerns about this research, I can provide you with toll-free telephone numbers to call.

ANSWER ANY QUESTIONS THE PROXY HAS, THEN PROCEED WITH THE INTERVIEW.

PROXY_INTRO 2

As you answer the survey questions, please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q1]

Our records show that in the last six months you were enrolled in [INSERT STATE MEDICAID AGENCY/HEALTH PLAN NAME]. Is that right?

<1>	YES	**[Q3]**
<2>	NO	**[Q2]**
<9>	NOT ASCERTAINED	**[Q2]**

> To be eligible for the survey, the respondent must be currently enrolled in Medicaid. The purpose of questions 1 and 2 is to confirm that this is true. If it is determined the respondent is not currently enrolled in Medicaid, the interview is terminated.
>
> If the respondent provides one of the following responses, the interviewer should select <2> NO.
> - I left that plan
> - I switched plans
> - I am no longer insured by that plan
> - I'm not sure

[Q2]

What is the name of your health plan?

{IF NEEDED: Is your coverage provided by [STATE MEDICAID PROGRAM NAME]?}

{FOR OPTIONS B AND D, ENTER THE RESPONDENT'S EXACT RESPONSE}

<002>	[HEALTH PLAN NAME)]	**[Q3]**
<995>	POSSIBLE MATCH [SPECIFY]	**[Q3]**
<996>	RESPONDENT STATES THEY ARE INSURED BY "MEDICAID" BUT CANNOT PROVIDE A PLAN NAME	**[Q3]**
<997>	NOT A MATCH [SPECIFY]	**[Q3]**
<998>	RESPONDENT NO LONGER INSURED BY MEDICAID	**[term]**
<999>	NOT ASCERTAINED	**[term]**

Sometimes members do not recognize the exact name of their health plan. Sometimes a healthcare organization is known by more than one name. Therefore, a member may answer "No" to question 1 but still be eligible for the survey.

The respondent will provide a health plan name in response to this question. The interviewer must use their judgment to select the option that best corresponds to the respondent's answer. Sometimes the health plan provides a list of aliases (other names that the health plan is known as). The interviewer will need to refer to the list to select the correct option.

<a> [HEALTH PLAN NAME]: This option represents an exact match. The interviewer selects this option if the respondent gives a name which is exactly the same as the health plan name or which matches a name on a list of aliases provided by the plan.

<b> POSSIBLE MATCH [SPECIFY]: The interviewer selects this option if the respondent gives a name which sounds like it is probably the same as the health plan or which is close to a name on the list of aliases provided by the plan. The interviewer will need to type in the respondent's exact response.

<c> RESPONDENT STATES THEY ARE INSURED BY "MEDICAID" BUT CANNOT PROVIDE A PLAN NAME: The interviewer selects this option if the respondent says they are covered by Medicaid but are unable to provide the exact name of their health plan.

<d> NOT A MATCH [SPECIFY]: The interviewer selects this option if the respondent gives a name which does not sound like it is the same as the health plan or which does not come close to a name on the list of aliases provided by the plan. The interviewer will need to type in the respondent's exact response.

<e> RESPONDENT NO LONGER INSURED BY MEDICAID: The interviewer selects this option if the respondent specifically states that s/he is no longer insured by Medicaid.

These options have been set up with the following goals in mind:

Based on responses to questions 1 and 2:

- Members who can be considered enrolled in the health plan are treated as eligible and are interviewed.
- Members whose enrollment status in the health plan is unsure are interviewed. When disposition codes are assigned at a later date, the survey vendor makes eligibility determinations by reviewing the "health plan name" provided by the respondent.
- Members who cannot be considered enrolled in the health plan are not interviewed.

Inappropriate use of these options will result in either too many ineligible people being interviewed, or, too many eligible people not being interviewed. Therefore, CATI supervisors will monitor interviewer's use of these options for appropriateness and will provide feedback and additional training as necessary.

>term<
Today we are only interviewing members of [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME], so those are all the questions I have. Thank you very much for your help.

Now I'm going to ask you some questions about your own health care. When you answer these questions, please do not include care you got when you stayed overnight in a hospital.

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q3]
In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

<1>   YES   **[Q4]**
<2>   NO   **[Q5]**

<9>   NOT ASCERTAINED **[Q5]**

[Q4]
In the last 6 months, when you **needed care right away**, how often did you get care as soon as you needed? Would you say…

<1>   Never,   **[Q5]**
<2>   Sometimes,   **[Q5]**
<3>   Usually, or   **[Q5]**
<4>   Always?   **[Q5]**

<9>   NOT ASCERTAINED **[Q5]**

[Q5]
About how long has it been since you last visited a doctor for a **check-up**?

<1> Within the past year (anytime less than 12 months ago)   **[Q6]**
<2> Within the past 2 years (1 year but less than 2 years ago)   **[Q6]**
<3> Within the past 5 years (2 years but less than 5 years ago) **[Q6]**
<4> 5 or more years ago   **[Q6]**
<5> Never   **[Q6]**

<9> NOT ASCERTAINED   **[Q6]**

[Q6]
In the last 6 months, did you make any appointments for **a check-up or routine care** at a doctor's office or clinic?

<1>   YES   **[Q7]**
<2>   NO   **[Q8]**

<9>   NOT ASCERTAINED **[Q8]**

[Q7]
In the last 6 months, how often did you get an appointment for a **check-up or routine care** at a doctor's office or clinic as soon as you needed? Would you say…

<1>	Never,	**[Q8]**
<2>	Sometimes,	**[Q8]**
<3>	Usually, or	**[Q8]**
<4>	Always?	**[Q8]**

<9>   NOT ASCERTAINED **[Q8]**

[Q8]

In the last 6 months, how many times did you go to an emergency room to get care for yourself?

<0>	NONE	**[Q10]**
<1>	1 TIME	**[Q9]**
<2>	2	**[Q9]**
<3>	3	**[Q9]**
<4>	4	**[Q9]**
<5>	5-9	**[Q9]**
<6>	10 OR MORE TIMES	**[Q9]**

<9>   NOT ASCERTAINED **[Q10]**

[Q9]
What was the main reason for your last **emergency room** visit? Choose one.

<0>	Didn't have a doctor	**[Q10]**
<1>	Doctor's office or clinic was not open	**[Q10]**
<2>	Doctor's office was open, but could not get an appointment	**[Q10]**
<3>	The problem was too serious for the doctor's office or clinic	**[Q10]**
<4>	Get most of your care at the emergency room	**[Q10]**

<9>   NOT ASCERTAINED **[Q10]**

[Q10]
In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

<0>	NONE	**[Q16]**
<1>	1 TIME	**[Q11]**
<2>	2	**[Q11]**
<3>	3	**[Q11]**
<4>	4	**[Q11]**
<5>	5 TO 9	**[Q11]**
<6>	10 OR MORE TIMES	**[Q11]**
<9>	NOT ASCERTAINED	**[Q16]**

[Q11]
In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

<1>	YES	**[Q12]**
<2>	NO	**[Q12]**
<9>	NOT ASCERTAINED	**[Q12]**

[Q12]
In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

<1>	YES	**[Q13]**
<2>	NO	**[Q16]**
<9>	NOT ASCERTAINED	**[Q16]**

[Q13]
When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine? Would you say…

<1>	Not at all,	**[Q14]**
<2>	A little,	**[Q14]**
<3>	Some, or	**[Q14]**
<4>	A lot?	**[Q14]**
<9>	NOT ASCERTAINED	**[Q14]**

[Q14]
When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might **not** want to take a medicine? Would you say…

<1>	Not at all,	**[Q15]**
<2>	A little,	**[Q15]**
<3>	Some, or	**[Q15]**
<4>	A lot?	**[Q15]**
<9>	NOT ASCERTAINED	**[Q15]**

[Q15]
When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

<1>	YES	**[Q16]**
<2>	NO	**[Q16]**
<9>	NOT ASCERTAINED	**[Q16]**

[Q16]
Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate **all** your health care in the last 6 months?
{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>	0	**[Q17]**
<01>	1	**[Q17]**
<02>	2	**[Q17]**
<03>	3	**[Q17]**
<04>	4	**[Q17]**
<05>	5	**[Q17]**
<06>	6	**[Q17]**
<07>	7	**[Q17]**
<08>	8	**[Q17]**
<09>	9	**[Q17]**
<10>	10	**[Q17]**
<99>	NOT ASCERTAINED	**[Q17]**

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q17]
In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? Would you say…

<1>	Never,	**[Q18]**
<2>	Sometimes,	**[Q18]**
<3>	Usually, or	**[Q18]**
<4>	Always?	**[Q18]**
<9>	NOT ASCERTAINED	**[Q18]**

[Q18]

In the last 6 months, how often was it easy to get **special medical equipment**, such as a cane, a wheelchair, diabetic testing supplies, or a nebulizer, you needed?

<1>   Never,   **[Q19]**
<2>   Sometimes,   **[Q19]**
<3>   Usually, or   **[Q19]**
<4>   Always?   **[Q19]**
<5>   Did not need special medical equipment in the last 6 months   **[Q19]**

<9>   NOT ASCERTAINED **[Q19]**

[Q19]

In the last 6 months, how often was it easy to get the **mental health or behavioral health services** you needed?

<1>   Never,   **[Q20]**
<2>   Sometimes,   **[Q20]**
<3>   Usually, or   **[Q20]**
<4>   Always?   **[Q20]**
<5>   Did not need these services in the last 6 months **[Q20]**

<9>   NOT ASCERTAINED **[Q20]**

[Q20]

In the last 6 months, how often was it easy to get the **dental services** you needed?

<1>   Never,   **[Q21]**
<2>   Sometimes,   **[Q21]**
<3>   Usually, or   **[Q21]**
<4>   Always?   **[Q21]**
<5>   Did not need these services in the last 6 months **[Q21]**

<9>   NOT ASCERTAINED **[Q21]**

[Q21]

In the last 6 months, were you ever **not** able to get medical care, tests, or treatment you or a doctor believed necessary?

<1>   YES   **[Q22]**
<2>   NO   **[Q23]**

<9>   NOT ASCERTAINED **[Q23]**

[Q22]

What is the main reason you were **not** able to get medical care, tests, or treatment you or a doctor believed necessary? Choose one.

<0>	Couldn't afford care	**[Q23]**
<1>	My health plan wouldn't approve, cover, or pay for care	**[Q23]**
<2>	Doctor refused to accept my insurance	**[Q23]**
<3>	Doctor doesn't speak my language	**[Q23]**
<4>	Couldn't get transportation to doctor's office	**[Q23]**
<5>	Couldn't take time off work or get child care	**[Q23]**
<6>	Didn't know where to go to get care	**[Q23]**
<7>	The wait took too long	**[Q23]**
<9>	NOT ASCERTAINED	**[Q23]**

[Q23]
Is there a place that you **usually** go to when you are sick or need advice about your health?

<1>	YES	**[Q25]**
<2>	NO	**[Q24]**
<9>	NOT ASCERTAINED	**[Q25]**

[Q24]
Why don't you have a usual source of medical care? Is it because…

>Q24a<
You haven't had any problems?

<1>	YES	**[Q24b]**
<0>	NO	**[Q24b]**
<9>	NOT ASCERTAINED	**[Q24b]**

>Q24b<
No doctors take your insurance?

<1>	YES	**[Q24c]**
<0>	NO	**[Q24c]**
<9>	NOT ASCERTAINED	**[Q24c]**

>Q24c<
No doctors speak your language?

<1>	YES	**[Q24d]**
<0>	NO	**[Q24d]**
<9>	NOT ASCERTAINED	**[Q24d]**

>Q24d<
The doctor's office is too far away or not convenient?

<1>	YES	**[Q24e]**

<0>   NO   **[Q24e]**

<9>   NOT ASCERTAINED **[Q24e]**

>Q24e<
You don't plan to see a doctor even when you're sick?

<1>   YES   **[Q25]**
<0>   NO   **[Q25]**

<9>   NOT ASCERTAINED **[Q25]**

[Q25]
What kind of place do you go to most often for your medical care? Choose one.

<1>   Clinic or health center   **[Q26]**
<2>   Doctor's office or HMO   **[Q26]**
<3>   Hospital emergency room   **[Q26]**
<4>   Hospital outpatient department   **[Q26]**
<5>   Some other place   **[Q26]**
<6>   Don't go to one place most often   **[Q26]**

<9>   NOT ASCERTAINED   **[Q26]**

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q26]
A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

<1>   YES   **[Q27]**
<2>   NO   **[Q35]**

<9>   NOT ASCERTAINED **[Q35]**

[Q27]
In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

<0>   NONE   **[Q34]**
<1>   1 TIME   **[Q28]**
<2>   2   **[Q28]**
<3>   3   **[Q28]**
<4>   4   **[Q28]**
<5>   5 TO 9   **[Q28]**
<6>   10 OR MORE TIMES   **[Q28]**

<9>   NOT ASCERTAINED **[Q34]**

[Q28]
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say…

<1>	Never,	**[Q29]**
<2>	Sometimes,	**[Q29]**
<3>	Usually, or	**[Q29]**
<4>	Always?	**[Q29]**
<9>	NOT ASCERTAINED	**[Q29]**

[Q29]
In the last 6 months, how often did your personal doctor listen carefully to you? Would you say…

<1>	Never,	**[Q30]**
<2>	Sometimes,	**[Q30]**
<3>	Usually, or	**[Q30]**
<4>	Always?	**[Q30]**
<9>	NOT ASCERTAINED	**[Q30]**

[Q30]
In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say…

<1>	Never,	**[Q31]**
<2>	Sometimes,	**[Q31]**
<3>	Usually, or	**[Q31]**
<4>	Always?	**[Q31]**
<9>	NOT ASCERTAINED	**[Q31]**

[Q31]
In the last 6 months, how often did your personal doctor spend enough time with you? Would you say…

<1>	Never,	**[Q32]**
<2>	Sometimes,	**[Q32]**
<3>	Usually, or	**[Q32]**
<4>	Always?	**[Q32]**
<9>	NOT ASCERTAINED	**[Q32]**

[Q32]
In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

<1>	YES	**[Q33]**
<2>	NO	**[Q34]**
<9>	NOT ASCERTAINED	**[Q34]**

[Q33]
In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

<1>	Never,	**[Q34]**
<2>	Sometimes,	**[Q34]**
<3>	Usually, or	**[Q34]**
<4>	Always?	**[Q34]**
<9>	NOT ASCERTAINED	**[Q34]**

[Q34]
Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>	0	**[Q35]**
<01>	1	**[Q35]**
<02>	2	**[Q35]**
<03>	3	**[Q35]**
<04>	4	**[Q35]**
<05>	5	**[Q35]**
<06>	6	**[Q35]**
<07>	7	**[Q35]**
<08>	8	**[Q35]**
<09>	9	**[Q35]**
<10>	10	**[Q35]**

<99>	NOT ASCERTAINED	**[Q35]**

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q35]
Now I'm going to ask you some questions about specialists. When you answer these questions, do **not** include dental visits or care you got when you stayed overnight in a hospital.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you need to make an appointment to see a specialist?

<1>	YES	**[Q36]**
<2>	NO	**[Q39]**

\<9>   NOT ASCERTAINED **[Q39]**

Respondents may ask whether or not to include specialties that are not listed, such as OB/GYNs. Do not interpret for the respondent. Interviewers may provide a neutral response such as:
- Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists but do not include any dental visits.
- I don't have any information about that, so please just interpret it however it seems best to you.
- You can interpret this question however it seems best to you.

[Q36]
In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? Would you say…

\<1>   Never,   **[Q37]**
\<2>   Sometimes,   **[Q37]**
\<3>   Usually, or   **[Q37]**
\<4>   Always?   **[Q37]**

\<9>   NOT ASCERTAINED **[Q37]**

[Q37]
How many specialists have you seen in the last 6 months?

{**IF NEEDED:** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Would you say you've seen… THEN READ RESPONSE CHOICES}

<0>	NONE	**[Q39]**
<1>	1 SPECIALIST	**[Q38]**
<2>	2	**[Q38]**
<3>	3	**[Q38]**
<4>	4	**[Q38]**
<5>	5 OR MORE SPECIALISTS	**[Q38]**
<9>	NOT ASCERTAINED	**[Q39]**

[Q38]
We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

{**IF NEEDED:** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.}

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>	0	**[Q39]**
<01>	1	**[Q39]**
<02>	2	**[Q39]**
<03>	3	**[Q39]**
<04>	4	**[Q39]**
<05>	5	**[Q39]**
<06>	6	**[Q39]**
<07>	7	**[Q39]**
<08>	8	**[Q39]**
<09>	9	**[Q39]**
<10>	10	**[Q39]**
<99>	NOT ASCERTAINED	**[Q39]**

Now I'm going to ask you some questions about your experience with your health plan.

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

 [Q39]
In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say…

<1>	Never,	**[Q40]**
<2>	Sometimes,	**[Q40]**

<3>   Usually, or   **[Q40]**
<4>   Always?   **[Q40]**
<5>   Did not try to get information or help   **[Q41]**

<9>   NOT ASCERTAINED **[Q41]**

[Q40]

In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say…

<1>   Never,   **[Q41]**
<2>   Sometimes,   **[Q41]**
<3>   Usually, or   **[Q41]**
<4>   Always?   **[Q41]**

<9>   NOT ASCERTAINED **[Q41]**

[Q41]

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 your health plan?

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>   0   **[Q42]**
<01>   1   **[Q42]**
<02>   2   **[Q42]**
<03>   3   **[Q42]**
<04>   4   **[Q42]**
<05>   5   **[Q42]**
<06>   6   **[Q42]**
<07>   7   **[Q42]**
<08>   8   **[Q42]**
<09>   9   **[Q42]**
<10>   10   **[Q42]**

<99>   NOT ASCERTAINED **[Q42]**

I have just a few more questions.

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q42]

In general, how would you rate your overall health? Would you say it is…

<1>   Excellent,   **[Q43]**
<2>   Very good,   **[Q43]**
<3>   Good,   **[Q43]**

<4>	Fair, or	**[Q43]**
<5>	Poor?	**[Q43]**
<9>	NOT ASCERTAINED	**[Q43]**

[Q43]

In general, how would you rate your overall **mental or emotional health**? Would you say it is…

<1>	Excellent,	**[Q44a]**
<2>	Very good,	**[Q44a]**
<3>	Good,	**[Q44a]**
<4>	Fair, or	**[Q44a]**
<5>	Poor?	**[Q44a]**
<9>	NOT ASCERTAINED	**[Q44a]**

[Q44]

Has a doctor ever told you that you had any of the following conditions?

>44a<

High cholesterol?

<1>	YES	**[Q44b]**
<2>	NO	**[Q44b]**
<9>	NOT ASCERTAINED	**[Q44b]**

>44b<

High blood pressure?

<1>	YES	**[Q44c]**
<2>	NO	**[Q44c]**
<9>	NOT ASCERTAINED	**[Q44c]**

>44c<

A heart attack?

<1>	YES	**[Q44d]**
<2>	NO	**[Q44d]**
<9>	NOT ASCERTAINED	**[Q44d]**

>44d<

Angina or coronary heart disease?

<1>	YES	**[Q44e]**
<2>	NO	**[Q44e]**
<9>	NOT ASCERTAINED	**[Q44e]**

> Angina pectoris [an-JYE-nuh or AN-jin-uh PECK-ter-iss] is severe pain in the chest associated with insufficient blood supply to the heart.

>44e<
 A stroke?
<1>   YES   **[Q44f]**
<2>   NO   **[Q44f]**

<9>   NOT ASCERTAINED **[Q44f]**

>44f<
 Any kind of diabetes or high blood sugar?
<1>   YES   **[Q44g]**
<2>   NO   **[Q44g]**

<9>   NOT ASCERTAINED **[Q44g]**

>44g<
 Cancer, other than skin cancer?
<1>   YES   **[Q44h]**
<2>   NO   **[Q44h]**

<9>   NOT ASCERTAINED **[Q44h]**

>44h<
Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?
<1>   YES   **[Q44i]**
<2>   NO   **[Q44i]**

<9>   NOT ASCERTAINED **[Q44i]**

 [Q45]
Are you deaf or do you have serious difficulty hearing?
<1>   Yes   **[Q46]**
<2>   No   **[Q46]**

<9>   NOT ASCERTAINED **[Q46]**

[Q46]
Are you blind or do you have serious difficulty seeing, even when wearing glasses?

<1>   Yes   **[Q47]**
<2>   No   **[Q47]**

<9>   NOT ASCERTAINED **[Q47]**

[Q47]
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

<1>   Yes   **[Q48]**
<2>   No   **[Q48]**

<9>   NOT ASCERTAINED **[Q48]**

[Q48]

Do you have serious difficulty walking or climbing stairs?

<1>   Yes   **[Q49]**
<2>   No   **[Q49]**

<9>   NOT ASCERTAINED **[Q49]**

[Q49]
Do you have difficulty dressing or bathing?

<1>   Yes   **[Q50]**
<2>   No   **[Q51]**

<9>   NOT ASCERTAINED **[Q50]**

[Q50]
In the last month, did you ever go without showering/ taking a bath/ washing up because no one was there to help?

<1>   Yes   **[Q51]**
<2>   No   **[Q51]**

<9>   NOT ASCERTAINED **[Q51]**

[Q51]
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

<1>   Yes   **[Q52]**
<2>   No   **[Q53]**

<9>   NOT ASCERTAINED **[Q52]**

[Q52]
In the last month, did you ever have to stay home because you had difficulty going out by yourself?

<1>   Yes   **[Q53]**
<2>   No   **[Q53]**

<9>   NOT ASCERTAINED **[Q53]**

[Q53]
Have you had either a flu shot or flu spray in the nose within the past year?

<1>   YES   **[Q54]**
<2>   NO   **[Q54]**

<3>   DON'T KNOW   **[Q54]**

<9>   NOT ASCERTAINED **[Q54]**

[Q54]

Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

<1>   EVERY DAY   **[Q55]**
<2>   SOME DAYS   **[Q55]**
<3>   NOT AT ALL   **[Q58]**
<4>   DON'T KNOW   **[Q58]**

<9>   NOT ASCERTAINED **[Q58]**

[Q55]

In the last 6 months, how often were you advised to **quit smoking or using tobacco** by a doctor or other health provider in your plan? Would you say…

<1>   Never,   **[Q56]**
<2>   Sometimes,   **[Q56]**
<3>   Usually, or   **[Q56]**
<4>   Always?   **[Q56]**

<9>   NOT ASCERTAINED **[Q56]**

[Q56]

In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with **quitting smoking or using tobacco**? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication. Would you say…

<1>   Never,   **[Q57]**
<2>   Sometimes,   **[Q57]**
<3>   Usually, or   **[Q57]**
<4>   Always?   **[Q57]**

<9>   NOT ASCERTAINED **[Q57]**

[Q57]

In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with **quitting smoking or using tobacco**? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program. Would you say…

<1>   Never,   **[Q58]**
<2>   Sometimes,   **[Q58]**
<3>   Usually, or   **[Q58]**
<4>   Always?   **[Q58]**

<9>   NOT ASCERTAINED **[Q58]**

[Q58]

Do you take aspirin daily or every other day?
{IF NECESSARY: "Would you say yes or no?"}

<1>   YES   **[Q59]**
<2>   NO   **[Q59]**
<3>   DON'T KNOW   **[Q59]**

<9>   NOT ASCERTAINED **[Q59]**

The interviewer should pay attention to intonation with this question so that respondent replies "yes" or "no" to the question. If the respondent does not reply "yes" or "no", a probe is provided.

If the respondent asks about whether a particular medication or Brand name is considered aspirin, the interviewer may provide the following clarification:

Aspirin: Bayer and Bufferin.

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen.

[Q59]
Do you have a health problem or take medication that makes taking aspirin unsafe for you?
{IF NECESSARY: "Would you say yes or no?"}

<1>   YES   **[Q60]**
<2>   NO   **[Q60]**
<3>   DON'T KNOW   **[Q60]**

<9>   NOT ASCERTAINED **[Q60]**

[Q60]
Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

<1>   YES   **[Q61]**
<2>   NO   **[Q61]**

<9>   NOT ASCERTAINED **[Q61]**

 [Q61]
In the last 6 months, did you get health care 3 or more times for the same condition or problem?

<1>   YES   **[Q62]**
<2>   NO   **[Q63]**

<9>   NOT ASCERTAINED **[Q63]**

[Q62]
Is this a condition or problem that has lasted for at least 3 months?

{**READ IF RESPONDENT IS FEMALE:** When answering this question do **not** include pregnancy or menopause.}

<1>   YES   **[Q63]**
<2>   NO   **[Q63]**

<9>   NOT ASCERTAINED **[Q63]**

Menopause (men ne paws) is the time in a woman's life when she stops having menstrual periods. It is sometimes called "the change of life" or "the change".

[Q63]
Do you now need or take medicine prescribed by a doctor?

{**READ IF RESPONDENT IS FEMALE**: When answering this question do **not** include birth control.}

<1>   YES   **[Q64]**
<2>   NO   **[Q65]**

<9>   NOT ASCERTAINED **[Q65]**

[Q64]
Is this medicine to treat a condition that has lasted for at least 3 months?

{**READ IF RESPONDENT IS FEMALE:** When answering this question do **not** include pregnancy or menopause.}

<1>   YES   **[Q65]**
<2>   NO   **[Q65]**

<9>   NOT ASCERTAINED **[Q65]**

[READ IF PROXY]: please remember that you are answering the questions for [SAMPLE MEMBER NAME] and that all survey questions refer to [SAMPLE MEMBER NAME] experiences with Medicaid. Please do not consider your own experiences or information in the answers you provide.

[Q65]
What is your age?

{IF NECESSARY: "Are you…" THEN READ RESPONSE CHOICES}

<1>   18 to 24,   **[Q66]**
<2>   25 to 34,   **[Q66]**
<3>   35 to 44,   **[Q66]**
<4>   45 to 54,   **[Q66]**

<5>   55 to 64,   **[Q66]**
<6>   65 to 74, or   **[Q66]**
<7>   75 or older?   **[Q66]**

<9>   NOT ASCERTAINED **[Q66]**

> The respondent should report their age as of their last birthday. Do not round. Reading response choices is optional.

[Q66]

{ASK IF NECESSARY: "Are you male or female?"}

<1>   MALE   **[Q67]**
<2>   FEMALE   **[Q67]**

<9>   NOT ASCERTAINED **[Q67]**

[Q67]
What is the highest grade or level of school that you have completed? Did you complete…

<1>   8th grade or less,   **[Q68]**
<2>   Some high school, but did not graduate,   **[Q68]**
<3>   High school graduate or GED,   **[Q68]**
<4>   Some college or 2-year degree,   **[Q68]**
<5>   4-year college graduate, or   **[Q68]**
<6>   More than 4-year college degree?   **[Q68]**

<9>   NOT ASCERTAINED   **[Q68]**

> Code academic training beyond a high school diploma that does not lead to a bachelor's degree as 4. This includes business school training or a three-year nursing degree.
>
> If the respondent describes non-academic training, such as trade school, probe to find out if s/he has a high school diploma and code 2 or 3, as appropriate.

[FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-E]

>Q68a<
Are you of Hispanic, Latino/a, or Spanish origin?

<1>   Yes   **[Q68b]**
<0>   No   **[Q69a]**
<9>   NOT ASCERTAINED   **[Q69a]**

>Q68b<
Are you of Mexican, Mexican American, Chicano/a origin?

<1>	Yes	**[Q68c]**
<0>	No	**[Q68c]**
<9>	NOT ASCERTAINED	**[Q68c]**

>Q68c<
Are you of Puerto Rican origin?

<1>	Yes	**[Q68d]**
<0>	No	**[Q68d]**
<9>	NOT ASCERTAINED	**[Q68d]**

>Q68d<
Are you of Cuban origin?

<1>	Yes	**[Q68e]**
<0>	No	**[Q68e]**
<9>	NOT ASCERTAINED	**[Q68e]**

>Q68e<
Are you of another Hispanic, Latino, or Spanish origin?

<1>	Yes	**[Q69a]**
<0>	No	**[Q69a]**
<9>	NOT ASCERTAINED	**[Q69a]**

[FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-O]

>69a<
I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

Are you White?

<0>	NO OR NOT ASCERTAINED	**[Q69b]**
<1>	YES	**[Q69b]**

If the respondent replies "Why are you asking my race?" say: "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country."

If the respondent answers with a category not listed here, such as "Hispanic" or "American" or "Mixed race", the interviewer can probe using the category "Other."

>69b<
Black or African-American?

<0>   NO OR NOT ASCERTAINED **[Q**69**c]**
<1>   YES   **[Q**69**c]**

>69c<
American Indian or Alaska Native?
<0>   NO OR NOT ASCERTAINED **[Q**69**d]**
<1>   YES   **[Q**69**d]**

>69d<
Asian Indian?

<0>   NO OR NOT ASCERTAINED **[Q**69**e]**
<1>   YES   **[Q**69**e]**

>69e<
Chinese?

<0>   NO OR NOT ASCERTAINED **[Q**69**f]**
<1>   YES   **[Q**69**f]**

>69f<
Filipino?

<0>   NO OR NOT ASCERTAINED **[Q**69**g]**
<1>   YES   **[Q**69**g]**

>69g<
Japanese?

<0>   NO OR NOT ASCERTAINED **[Q**69**h]**
<1>   YES   **[Q**69**h]**

>69h<
Korean?

<0>   NO OR NOT ASCERTAINED **[Q**69**i]**
<1>   YES   **[Q**69**i]**

>69i<
Vietnamese?

<0>	NO OR NOT ASCERTAINED	**[Q**69**j]**	
<1>	YES	**[Q**69**j]**	

>69j<
Other Asian?

<0>	NO OR NOT ASCERTAINED	**[Q**69**k]**	
<1>	YES	**[Q**69**k]**	

>69k<
Native Hawaiian?

<0>	NO OR NOT ASCERTAINED	**[Q**69**l]**	
<1>	YES	**[Q**69**l]**	

>69l<
Guamanian or Chamorro?

<0>	NO OR NOT ASCERTAINED	**[Q**69**m]**	
<1>	YES	**[Q**69**m]**	

>69m<
Samoan?

<0>	NO OR NOT ASCERTAINED	**[Q**69**n]**	
<1>	YES	**[Q**69**n]**	

>69n<
Other Pacific Islander?

<0>	NO OR NOT ASCERTAINED	**[Q**69**o]**	
<1>	YES	**[Q**69**o]**	

>69o<
Some other race?

<0>	NO OR NOT ASCERTAINED	**[close]**	
<1>	YES	**[close]**	

>close<
Those are all the questions I have. Thank you for taking part in this important interview.

Appendix C: CATI Script – Spanish

[INTRO] Use English Intro, switch to Spanish language version based on preferred language of respondents CATI Specifications

[Read to each respondent, once reached. Respondent must agree to continue the interview to move forward.]

[Buenos días/Buenas tardes/Buenas noches], estoy llamando de parte del Centro de Servicios de Medicare y Medicaid, también llamado CMS por sus siglas en inglés, el cual es una agencia federal que administra el programa Medicaid. CMS nos contrató para llevar a cabo un importante estudio entre personas que reciben Medicaid, con el objetivo de aprender más sobre el cuidado y los servicios que reciben. Su nombre fue seleccionado al azar por CMS entre las personas que están en el programa Medicaid de su Estado.

Nosotros apreciaríamos el que usted se tomara unos 20 minutos para participar en esta encuesta. Su participación es voluntaria, y no va a perder ningún beneficio ni tendrá ninguna penalidad si decide no participar. Su participación no le pone en ningún riesgo mayor a los que tiene en su vida diaria. Si hay alguna pregunta que no quiera contestar, usted me lo puede decir y pasaremos a la siguiente, y puede dejar de participar en cualquier momento. Su participación en este estudio es completamente confidencial y sus respuestas nunca serán asociadas con usted. No compartiremos su nombre ni ninguna otra información con ninguna agencia externa.

Para propósitos de calidad, esta llamada puede ser grabada o monitoreada. Si tiene alguna pregunta, queja, o preocupación sobre este estudio, puedo darle números gratuitos para que llame.

> *Have for reference if needed*: Por favor llame a Thoroughbred Research Group al número gratuito 1-888-279-9688 o a la Junta de Revisión Institucional de NORC al 1-866-309-0542, O escribir a CMS, 7500 Security Blvd, Att: Mail Stop C-4-26-05, Baltimore, MD 21244-1850.

¿Podemos comenzar?

YES: PROCEED WITH INTERVIEW   [GO TO Q01]
NO: ANSWER ANY QUESTIONS THE RESPONDENT HAS

> IF IT BECOMES CLEAR THAT THE BENEFICIARY CANNOT COMPLETE THE TELEPHONE INTERVIEW HIMSELF/HERSELF (FOR EXAMPLE IF HE/SHE IS HARD OF HEARING, HAS A SPEECH IMPEDIMENT, OR IS TOO ILL OR FRAIL TO DO THE INTERVIEW), OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE BENEFICIARY CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY.

IF SPEAKING TO THE BENEFICIARY: Si necesita ayuda para completar esta entrevista telefónica o si siente que no puede completar solo(a) la entrevista, puede pedirle a un familiar o amigo cercano que conteste la entrevista por usted. Esa persona deberá ser alguien que lo/la conoce a usted muy bien y que podría contestar preguntas sobre la salud de usted con precisión.

THE INTERVIEWER MUST OBTAIN THE BENEFICIARY'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF YOU ARE UNABLE TO SPEAK TO THE BENEFICIARY DIRECTLY IN ORDER TO IDENTIFY A PROXY RESPONDENT AND OBTAIN HIS/HER PERMISSION TO DO THE INTERVIEW FOR THEM, DO NOT PROCEED WITH THE INTERVIEW. CONTINUE TO INTRO Q1.

[INTRO Q1]
¿Hay alguien que podría ayudarle a hacer la entrevista o a quien podríamos entrevistar por usted?

1   YES   CONTINUE TO INTRO Q2
2   NO   THANK THE RESPONDENT AND TERMINATE CALL AND CODE AS MENTALLY/ PHYSICALLY INCAPABLE

[INTRO Q2]
¿Nos da permiso para hacer la entrevista telefónica con esa persona en nombre suyo?

1   YES   CONTINUE TO INTRO Q3
2   NO   THANK THE RESPONDENT AND TERMINATE CALL AND CODE AS MENTALLY/ PHYSICALLY INCAPABLE

[INTRO Q3]
IF NECESSARY: ¿Está disponible esa persona para hablar ahora con nosotros?

1   YES   GO TO PROXY_INTRO 1
2   NO   [COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A CALLBACK]
3   NO PROXY EXISTS   [TERMINATE, CODE AS MENTALLY/ PHYSICALLY INCAPABLE]

PROXY_INTRO 1
[Buenos días/Buenas tardes/Buenas noches], estoy llamando de parte del Centro de Servicios de Medicare y Medicaid, también llamado CMS por sus siglas en inglés, el cual es una agencia federal que administra el programa Medicaid. CMS nos contrató para llevar a cabo un importante estudio entre personas que reciben Medicaid, con el objetivo de aprender más sobre el cuidado y los servicios que reciben. [SAMPLE MEMBER NAME] fue seleccionado al azar por CMS entre las personas que reciben Medicaid y [SAMPLE MEMBER NAME] nos ha dado permiso para que usted conteste esta encuesta en nombre de él/ella.

La participación de [SAMPLE MEMBER NAME] en esta encuesta es voluntaria y no afectará la atención médica ningún beneficio que [él/ella] recibe. La entrevista tomará unos 20 minutos. Si hay alguna pregunta que no quiera contestar, usted me lo puede decir y pasaremos a la siguiente, y puede dejar de participar en cualquier momento. Su participación en este estudio es completamente confidencial y sus respuestas nunca serán asociadas con [SAMPLE MEMBER NAME]. No compartiremos [SAMPLE MEMBER NAME] ni ninguna otra información con ninguna agencia externa.

Para propósitos de calidad, esta llamada puede ser grabada o monitoreada. Si tiene alguna pregunta, queja, o preocupación sobre este estudio, puedo darle números gratuitos para que llame.

ANSWER ANY QUESTIONS THE PROXY HAS, THEN PROCEED WITH THE INTERVIEW.

PROXY_INTRO 2
Cuando conteste las preguntas de la encuesta, por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.
[Q1]
Nuestros registros muestran que en los últimos seis meses usted estaba inscrito(a) en [INSERT STATE MEDICAID AGENCY/HEALTH PLAN NAME]. ¿Es correcto?

<1>   YES   **[Q3]**
<2>   NO   **[Q2]**

<9>   NOT ASCERTAINED **[Q2]**

> To be eligible for the survey, the respondent must be currently enrolled in Medicaid. The purpose of questions 1 and 2 is to confirm that this is true. If it is determined the respondent is not currently enrolled in Medicaid, the interview is terminated.
> If the respondent provides one of the following responses, the interviewer should select <2> NO.
> - I left that plan
> - I switched plans
> - I am no longer insured by that plan
> - I'm not sure

[Q2]
¿Cómo se llama su plan de salud?

{IF NEEDED: ¿Es su cobertura de [STATE MEDICAID PROGRAM NAME]?}

{FOR OPTIONS B AND D, ENTER THE RESPONDENT'S EXACT RESPONSE}

<002> [HEALTH PLAN NAME)]   **[Q3]**
<995> POSSIBLE MATCH [SPECIFY]   **[Q3]**
<996> RESPONDENT STATES THEY ARE
       INSURED BY "MEDICAID" BUT
       CANNOT PROVIDE A PLAN NAME **[Q3]**
<997> NOT A MATCH [SPECIFY]   **[Q3]**
<998> RESPONDENT NO LONGER INSURED
       BY MEDICAID   **[term]**

<999> NOT ASCERTAINED   **[term]**

Sometimes members do not recognize the exact name of their health plan. Sometimes a healthcare organization is known by more than one name. Therefore, a member may answer "No" to question 1 but still be eligible for the survey.

The respondent will provide a health plan name in response to this question. The interviewer must use their judgment to select the option that best corresponds to the respondent's answer. Sometimes the health plan provides a list of aliases (other names that the health plan is known as). The interviewer will need to refer to the list to select the correct option.

<a> [HEALTH PLAN NAME]: This option represents an exact match. The interviewer selects this option if the respondent gives a name which is exactly the same as the health plan name or which matches a name on a list of aliases provided by the plan.

<b> POSSIBLE MATCH [SPECIFY]: The interviewer selects this option if the respondent gives a name which sounds like it is probably the same as the health plan or which is close to a name on the list of aliases provided by the plan. The interviewer will need to type in the respondent's exact response.

<c> RESPONDENT STATES THEY ARE INSURED BY "MEDICAID" BUT CANNOT PROVIDE A PLAN NAME: The interviewer selects this option if the respondent says they are covered by Medicaid but are unable to provide the exact name of their health plan.

<d> NOT A MATCH [SPECIFY]: The interviewer selects this option if the respondent gives a name which does not sound like it is the same as the health plan or which does not come close to a name on the list of aliases provided by the plan. The interviewer will need to type in the respondent's exact response.

<e> RESPONDENT NO LONGER INSURED BY MEDICAID: The interviewer selects this option if the respondent specifically states that s/he is no longer insured by Medicaid.

These options have been set up with the following goals in mind:

Based on responses to questions 1 and 2:

- Members who can be considered enrolled in the health plan are treated as eligible and are interviewed.
- Members whose enrollment status in the health plan is unsure are interviewed. When disposition codes are assigned at a later date, the survey vendor makes eligibility determinations by reviewing the "health plan name" provided by the respondent.
- Members who cannot be considered enrolled in the health plan are not interviewed.

Inappropriate use of these options will result in either too many ineligible people being interviewed, or, too many eligible people not being interviewed. Therefore, CATI supervisors will monitor interviewer's use of these options for appropriateness and will provide feedback and additional training as necessary.

>term<
Hoy estamos entrevistando solamente a miembros de [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME], así que esas son todas las preguntas que tengo. Muchas gracias por su ayuda.

Ahora voy a hacerle algunas preguntas acerca de su atención médica. Al contestar estas preguntas, por favor no incluya la atención que recibió cuando pasó la noche internado(a) en un hospital.

[READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q3]
En los últimos 6 meses, ¿tuvo usted una enfermedad, lesión, o problema de salud por lo cual **necesitó atención inmediata** en una clínica, en una sala de emergencia, o en un consultorio médico?

<1>	YES	**[Q4]**
<2>	NO	**[Q5]**
<9>	NOT ASCERTAINED	**[Q5]**

[Q4]
En los últimos 6 meses cuando usted **necesitó atención inmediata**, ¿con qué frecuencia le atendieron tan pronto como lo necesitaba? ¿Diría que …

<1>	nunca,	**[Q5]**
<2>	a veces,	**[Q5]**
<3>	generalmente, o	**[Q5]**
<4>	siempre?	**[Q5]**
<9>	NOT ASCERTAINED	**[Q5]**

[Q5]
Más o menos, ¿hace cuánto que visitó a un doctor para un **chequeo o examen de rutina**?

<1> En el último año (en algún momento en los últimos 12 meses)   **[Q6]**
<2> En los últimos 2 años (1 año o más, pero menos de 2 años)   **[Q6]**
<3> En los últimos 5 años (2 años o más, pero menos de 5 años) **[Q6]**
<4> 5 o más años   **[Q6]**
<5> Nunca   **[Q6]**

<9> NOT ASCERTAINED   **[Q6]**

[Q6]
En los últimos 6 meses, ¿hizo alguna cita para **un chequeo o atención de rutina** en el consultorio de un doctor o en una clínica?

<1>	YES	**[Q7]**
<2>	NO	**[Q8]**
<9>	NOT ASCERTAINED	**[Q8]**

[Q7]

En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para un **chequeo o atención de rutina** en el consultorio de un doctor o en una clínica tan pronto como lo necesitaba? ¿Diría que …

<1>   nunca,   **[Q8]**
<2>   a veces,   **[Q8]**
<3>   generalmente, o **[Q8]**
<4>   siempre?   **[Q8]**

<9>   NOT ASCERTAINED **[Q8]**

[Q8]

En los últimos 6 meses, ¿cuántas veces fue a una sala de emergencias para recibir atención para usted?

<0>   NONE   **[Q10]**
<1>   1 TIME   **[Q9]**
<2>   2   **[Q9]**
<3>   3   **[Q9]**
<4>   4   **[Q9]**
<5>   5-9   **[Q9]**
<6>   10 OR MORE TIMES **[Q9]**

<9>   NOT ASCERTAINED **[Q10]**

[Q9]

¿Cuál fue la razón principal por la que tuvo que ir a la **sala de emergencia** la última vez? Escoja una.

<0>   No tenía un médico   **[Q10]**
<1>   El consultorio médico o la clínica no estaba abierta   **[Q10]**
<2>   El consultorio médico estaba abierto, pero no pudo conseguir una cita   **[Q10]**
<3>   El problema era demasiado serio para atenderse en el consultorio médico o la clínica   **[Q10]**
<4>   Usted recibe la mayoría de su atención médica en la sala de emergencia   **[Q10]**

<9>   NOT ASCERTAINED   **[Q10]**

[Q10]
En los últimos 6 meses, **sin** contar las veces que fue a una sala de emergencias, ¿cuántas veces fue al consultorio de un doctor o a una clínica para recibir atención médica para usted?

<0>	NONE	**[Q16]**
<1>	1 TIME	**[Q11]**
<2>	2	**[Q11]**
<3>	3	**[Q11]**
<4>	4	**[Q11]**
<5>	5 TO 9	**[Q11]**
<6>	10 OR MORE TIMES	**[Q11]**
<9>	NOT ASCERTAINED	**[Q16]**

[Q11]
En los últimos 6 meses, ¿habló con su doctor u otro profesional médico acerca de cosas específicas que usted podría hacer para prevenir enfermedades?

<1>	YES	**[Q12]**
<2>	NO	**[Q12]**
<9>	NOT ASCERTAINED	**[Q12]**

[Q12]
En los últimos 6 meses, ¿habló con su doctor u otro profesional médico acerca de empezar o dejar de usar un medicamento recetado?

<1>	YES	**[Q13]**
<2>	NO	**[Q16]**
<9>	NOT ASCERTAINED	**[Q16]**

[Q13]
Cuando habló acerca de empezar o dejar de usar un medicamento recetado, ¿cuánto le habló su doctor u otro profesional médico acerca de las razones por las que usted podría considerar el uso de un medicamento? ¿Diría que…

<1>	absolutamente nada,	**[Q14]**
<2>	un poco,	**[Q14]**
<3>	algo, o	**[Q14]**
<4>	mucho?	**[Q14]**
<9>	NOT ASCERTAINED	**[Q14]**

[Q14]

Cuando habló acerca de empezar o dejar de usar un medicamento recetado, ¿cuánto le habló su doctor u otro profesional médico acerca de las razones por las que usted podría considerar **no** usar un medicamento? ¿Diría que…

<1>   absolutamente nada,   **[Q15]**
<2>   un poco,   **[Q15]**
<3>   algo, o   **[Q15]**
<4>   mucho?   **[Q15]**

<9>   NOT ASCERTAINED   **[Q15]**

[Q15]
Cuando habló acerca de empezar o dejar de usar un medicamento recetado, ¿un doctor u otro profesional médico le preguntó a usted qué pensaba que era mejor para usted?

<1>   YES   **[Q16]**
<2>   NO   **[Q16]**

<9>   NOT ASCERTAINED **[Q16]**

[Q16]
Usando un número del 0 al 10, donde el 0 es la peor atención médica posible y el 10 la mejor atención médica posible, ¿qué número usaría para calificar **toda** la atención médica que recibió en los últimos 6 meses?
{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>   0   **[Q17]**
<01>   1   **[Q17]**
<02>   2   **[Q17]**
<03>   3   **[Q17]**
<04>   4   **[Q17]**
<05>   5   **[Q17]**
<06>   6   **[Q17]**
<07>   7   **[Q17]**
<08>   8   **[Q17]**
<09>   9   **[Q17]**
<10>   10   **[Q17]**

<99>   NOT ASCERTAINED **[Q17]**

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q17]

En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir la atención, las pruebas o el tratamiento que necesitaba? ¿Diría que …

<1>   nunca,   **[Q18]**
<2>   a veces,   **[Q18]**
<3>   generalmente, o **[Q18]**
<4>   siempre?   **[Q18]**

<9>   NOT ASCERTAINED **[Q18]**

[Q18]
En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir el **equipo médico especial** que necesitaba, como un bastón, una silla de ruedas, materiales para chequearse la diabetes o un nebulizador

<1>   nunca,   **[Q19]**
<2>   a veces,   **[Q19]**
<3>   generalmente, o   **[Q19]**
<4>   siempre?   **[Q19]**
<5>   No necesité equipo médico especial en los últimos 6 meses   **[Q19]**

<9>   NOT ASCERTAINED   **[Q19]**

[Q19]
En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir los servicios para **salud mental o para salud del comportamiento** que usted necesitaba? ¿Diría que …

<1>   nunca,   **[Q20]**
<2>   a veces,   **[Q20]**
<3>   generalmente, o   **[Q20]**
<4>   siempre?   **[Q20]**
<5>   No necesité estos servicios en los últimos 6 meses   **[Q20]**

<9>   NOT ASCERTAINED   **[Q20]**

[Q20]
En los últimos 6 meses, ¿con qué frecuencia le fue fácil conseguir los **servicios** dentales que necesitaba? ¿Diría que …

<1>   nunca,   **[Q21]**
<2>   a veces,   **[Q21]**
<3>   generalmente, o   **[Q21]**
<4>   siempre?   **[Q21]**
<5>   No necesité estos servicios en los últimos 6 meses   **[Q21]**

<9>   NOT ASCERTAINED   **[Q21]**

[Q21]
En los últimos 6 meses, ¿alguna vez **no** pudo conseguir la atención médica, las pruebas o el tratamiento que usted o un doctor creían necesarios?

<1>	YES	**[Q22]**
<2>	NO	**[Q23]**
<9>	NOT ASCERTAINED	**[Q23]**

[Q22]

¿Cuál es la razón principal por la cual **no** pudo conseguir la atención médica, las pruebas o el tratamiento que usted o un doctor creían necesarios? Escoja una.

<0>	No podía pagarlo	**[Q23]**
<1>	Mi plan médico no iba a aprobar, cubrir o pagar el servicio	**[Q23]**
<2>	El doctor se negó a aceptar mi seguro	**[Q23]**
<3>	El doctor no habla mi idioma	**[Q23]**
<4>	No pude conseguir transporte para llegar al consultorio del doctor	**[Q23]**
<5>	No pude dejar de trabajar o conseguir cuidado de niños	**[Q23]**
<6>	No sabía a dónde ir para recibir atención médica	**[Q23]**
<7>	La espera era muy larga	**[Q23]**
<9>	NOT ASCERTAINED	**[Q23]**

[Q23]

¿Hay algún lugar adonde va **generalmente** cuando está enfermo(a) o necesita un consejo acerca de su salud?

<1>	YES	**[Q25]**
<2>	NO	**[Q24]**
<9>	NOT ASCERTAINED	**[Q25]**

[Q24]

¿Por qué no tiene un lugar fijo para su atención médica? ¿Se debe a que…

>Q24a<

no ha tenido ningún problema?

<1>	YES	**[Q24b]**
<0>	NO	**[Q24b]**
<9>	NOT ASCERTAINED	**[Q24b]**

>Q24b<

ningún doctor acepta su seguro?

<1>	YES	**[Q24c]**
<0>	NO	**[Q24c]**
<9>	NOT ASCERTAINED	**[Q24c]**

>Q24c<

no hay doctores que hablen su idioma?

<1>	YES	**[Q24d]**

<0>   NO   **[Q24d]**

<9>   NOT ASCERTAINED **[Q24d]**

>Q24d<
el consultorio está muy lejos o no es fácil llegar?

<1>   YES   **[Q24e]**
<0>   NO   **[Q24e]**

<9>   NOT ASCERTAINED **[Q24e]**

>Q24e<
usted no piensa ver al doctor aunque esté enfermo(a)?

<1>   YES   **[Q25]**
<0>   NO   **[Q25]**

<9>   NOT ASCERTAINED **[Q25]**

[Q25]
¿A qué tipo de lugar va con más frecuencia a recibir atención médica? Escoja una.

<1>   Clínica o Centro de Salud   **[Q26]**
<2>   Consultorio médico o HMO   **[Q26]**
<3>   Sala de emergencias de un hospital   **[Q26]**
<4>   Cuidado ambulatorio o de pacientes externos de un hospital   **[Q26]**
<5>   Algún otro lugar   **[Q26]**
<6>   No tiene un lugar a donde vaya con más frecuencia   **[Q26]**

<9>   NOT ASCERTAINED   **[Q26]**

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q26]
Un doctor personal o de cabecera es aquél a quien usted ve si necesita un chequeo o examen de rutina, quiere pedir consejo sobre un problema de salud, está enfermo(a) o lastimado(a). ¿Tiene usted un doctor personal o de cabecera?

<1>   YES   **[Q27]**
<2>   NO   **[Q35]**

<9>   NOT ASCERTAINED **[Q35]**

[Q27]

En los últimos 6 meses, ¿cuántas veces fue a su doctor personal para recibir atención médica para usted?

<0>	NONE	**[Q34]**
<1>	1 TIME	**[Q28]**
<2>	2	**[Q28]**
<3>	3	**[Q28]**
<4>	4	**[Q28]**
<5>	5 TO 9	**[Q28]**
<6>	10 OR MORE TIMES	**[Q28]**
<9>	NOT ASCERTAINED	**[Q34]**

[Q28]
En los últimos 6 meses, ¿con qué frecuencia su doctor personal le explicó las cosas de una manera fácil de entender? ¿Diría que…

<1>	nunca,	**[Q29]**
<2>	a veces,	**[Q29]**
<3>	generalmente, o	**[Q29]**
<4>	siempre?	**[Q29]**
<9>	NOT ASCERTAINED	**[Q29]**

[Q29]
En los últimos 6 meses, ¿con qué frecuencia su doctor personal le escuchó con atención? ¿Diría que …

<1>	nunca,	**[Q30]**
<2>	a veces,	**[Q30]**
<3>	generalmente, o	**[Q30]**
<4>	siempre?	**[Q30]**
<9>	NOT ASCERTAINED	**[Q30]**

[Q30]
En los últimos 6 meses, ¿con qué frecuencia su doctor personal demostró respeto por lo que usted pensaba? ¿Diría que …

<1>	nunca,	**[Q31]**
<2>	a veces,	**[Q31]**
<3>	generalmente, o	**[Q31]**
<4>	siempre?	**[Q31]**
<9>	NOT ASCERTAINED	**[Q31]**

[Q31]

En los últimos 6 meses, ¿con qué frecuencia su doctor personal pasó suficiente tiempo con usted? ¿Diría que …

<1>   nunca,   **[Q32]**
<2>   a veces,   **[Q32]**
<3>   generalmente, o **[Q32]**
<4>   siempre?   **[Q32]**

<9>   NOT ASCERTAINED **[Q32]**

[Q32]
En los últimos 6 meses, ¿recibió atención médica de algún doctor u otro profesional médico además de su doctor personal?

<1>   YES   **[Q33]**
<2>   NO   **[Q34]**

<9>   NOT ASCERTAINED **[Q34]**

[Q33]
En los últimos 6 meses, ¿con qué frecuencia su doctor personal parecía estar informado y al día acerca de la atención que usted había recibido de estos doctores u otros profesionales médicos?

<1>   nunca,   **[Q34]**
<2>   a veces,   **[Q34]**
<3>   generalmente, o **[Q34]**
<4>   siempre?   **[Q34]**
<9>   NOT ASCERTAINED **[Q34]**

[Q34]
Usando un número del 0 al 10, donde el 0 es el peor doctor personal posible y el 10 es el mejor doctor personal posible, ¿qué número usaría para calificar a su doctor personal?

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>   0   **[Q35]**
<01>   1   **[Q35]**
<02>   2   **[Q35]**
<03>   3   **[Q35]**
<04>   4   **[Q35]**
<05>   5   **[Q35]**
<06>   6   **[Q35]**
<07>   7   **[Q35]**
<08>   8   **[Q35]**
<09>   9   **[Q35]**
<10>   10   **[Q35]**

<99>   NOT ASCERTAINED **[Q35]**

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q35]
Ahora voy a hacerle algunas preguntas sobre especialistas. Al contestar estas preguntas, **no** incluya visitas al dentista ni la atención que recibió cuando pasó la noche internado(a) en un hospital.

Los especialistas son doctores que se especializan en un área de atención médica, por ejemplo, cirujanos, doctores especialistas en el corazón, las alergias, la piel, y otras áreas.

En los últimos 6 meses, ¿necesitó hacer alguna cita con un especialista?

<1>   YES   **[Q36]**
<2>   NO   **[Q39]**

<9>   NOT ASCERTAINED **[Q39]**

> Respondents may ask whether or not to include specialties that are not listed, such as OB/GYNs. Do not interpret for the respondent. Interviewers may provide a neutral response such as:
> - Specialists are doctors who specialize in one area of health care. Please include all doctors you consider to be specialists but do not include any dental visits.
> - I don't have any information about that, so please just interpret it however it seems best to you.
> - You can interpret this question however it seems best to you.

[Q36]
En los últimos 6 meses, ¿con qué frecuencia consiguió una cita para ver a un especialista tan pronto como lo necesitaba? ¿Diría que…

<1>   nunca,   **[Q37]**
<2>   a veces,   **[Q37]**
<3>   generalmente, o   **[Q37]**
<4>   siempre?   **[Q37]**

<9>   NOT ASCERTAINED **[Q37]**
[Q37]
¿Cuántos especialistas ha visto en los últimos 6 meses?

{**IF NEEDED:** Los especialistas son doctores que se especializan en un área de atención médica, por ejemplo, cirujanos, doctores especialistas en el corazón, las alergias, la piel, y otras áreas.
 ¿Diría que ha visto … THEN READ RESPONSE CHOICES}

<0>   NONE   **[Q39]**
<1>   1 ESPECIALISTA   **[Q38]**
<2>   2   **[Q38]**
<3>   3   **[Q38]**

<4>	4	**[Q38]**
<5>	5 OR MORE ESPECIALISTAS	**[Q38]**
<9>	NOT ASCERTAINED	**[Q39]**

[Q38]
Queremos saber cómo calificaría al especialista que más vio en los últimos 6 meses. Usando un número del 0 al 10, donde el 0 es el peor especialista posible y el 10 es el mejor especialista posible, ¿qué número usaría para calificar a ese especialista?

{**IF NEEDED:** Los especialistas son doctores que se especializan en un área de la medicina. Pueden ser cirujanos, doctores especialistas en el corazón, las alergias, la piel, y otras áreas.}

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>	0	**[Q39]**
<01>	1	**[Q39]**
<02>	2	**[Q39]**
<03>	3	**[Q39]**
<04>	4	**[Q39]**
<05>	5	**[Q39]**
<06>	6	**[Q39]**
<07>	7	**[Q39]**
<08>	8	**[Q39]**
<09>	9	**[Q39]**
<10>	10	**[Q39]**
<99>	NOT ASCERTAINED	**[Q39]**

Ahora voy a hacerle algunas preguntas sobre su experiencia con su plan de salud.

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q39]
En los últimos 6 meses, ¿con qué frecuencia el servicio al cliente de su plan de salud le dio la información o ayuda que usted necesitaba? ¿Diría que…

<1>	nunca,	**[Q40]**
<2>	a veces,	**[Q40]**
<3>	generalmente, o	**[Q40]**
<4>	siempre?	**[Q40]**
<5>	No necesité información o ayuda	**[Q41]**
<9>	NOT ASCERTAINED	**[Q41]**

[Q40]
En los últimos 6 meses, ¿con qué frecuencia el personal de servicio al cliente de su plan de salud (lo/la) trató con cortesía y respeto? ¿Diría que …

<1>	nunca,	**[Q41]**

<2>	a veces,	**[Q41]**
<3>	generalmente, o	**[Q41]**
<4>	siempre?	**[Q41]**

<9>	NOT ASCERTAINED	**[Q41]**

[Q41]

Usando un número del 0 al 10, donde el 0 es el peor plan de salud posible y el 10 es el mejor plan de salud posible, ¿qué número usaría para calificar su plan de salud?

{READ RESPONSE CHOICES ONLY IF NECESSARY}

<00>	0	**[Q42]**
<01>	1	**[Q42]**
<02>	2	**[Q42]**
<03>	3	**[Q42]**
<04>	4	**[Q42]**
<05>	5	**[Q42]**
<06>	6	**[Q42]**
<07>	7	**[Q42]**
<08>	8	**[Q42]**
<09>	9	**[Q42]**
<10>	10	**[Q42]**

<99>	NOT ASCERTAINED	**[Q42]**

Tengo algunas preguntas más.

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q42]

En general, ¿cómo calificaría su salud? ¿Diría que es…

<1>	excelente,	**[Q43]**
<2>	muy buena,	**[Q43]**
<3>	buena,	**[Q43]**
<4>	regular, o	**[Q43]**
<5>	mala?	**[Q43]**

<9>	NOT ASCERTAINED	**[Q43]**

[Q43]

En general, ¿cómo calificaría su **salud mental o emocional**? ¿Diría que es…

<1>	excelente,	**[Q44a]**
<2>	muy buena,	**[Q44a]**
<3>	buena,	**[Q44a]**

<4>   regular, o   **[Q44a]**
<5>   mala?   **[Q44a]**

<9>   NOT ASCERTAINED **[Q44a]**

[Q44]
¿Alguna vez un doctor le dijo que usted tenía alguno de los siguientes problemas?
>44a<
¿Colesterol alto?
<1>   YES   **[Q44b]**
<2>   NO   **[Q44b]**

<9>   NOT ASCERTAINED **[Q44b]**

>44b<
¿Presión alta?
<1>   YES   **[Q44c]**
<2>   NO   **[Q44c]**

<9>   NOT ASCERTAINED **[Q44c]**

>44c<
¿Un ataque al corazón?
<1>   YES   **[Q44d]**
<2>   NO   **[Q44d]**

<9>   NOT ASCERTAINED **[Q44d]**

>44d<
¿Angina de pecho o enfermedad coronaria?
<1>   YES   **[Q44e]**
<2>   NO   **[Q44e]**

<9>   NOT ASCERTAINED **[Q44e]**

Angina pectoris [an-JYE-nuh or AN-jin-uh PECK-ter-iss] is severe pain in the chest associated with insufficient blood supply to the heart.

>44e<
¿Derrame o infarto cerebral, también conocido como accidente cerebro vascular?
<1>   YES   **[Q44f]**
<2>   NO   **[Q44f]**

<9>   NOT ASCERTAINED **[Q44f]**

>44f<
 ¿Cualquier tipo de diabetes o azúcar alta?
<1>   YES   **[Q44g]**
<2>   NO   **[Q44g]**

<9>   NOT ASCERTAINED **[Q44g]**

>44g<
 ¿Cáncer, sin contar cáncer de piel?
<1>   YES   **[Q44h]**
<2>   NO   **[Q44h]**

<9>   NOT ASCERTAINED **[Q44h]**

>44h<
¿Enfisema, asma o EPOC (enfermedad pulmonar obstructiva crónica), COPD por sus siglas en inglés?
<1>   YES   **[Q44i]**
<2>   NO   **[Q44i]**

<9>   NOT ASCERTAINED **[Q44i]**

 [Q45]
¿Está sordo(a) o tiene mucha dificultad para oír?
<1>   Yes   **[Q46]**
<2>   No   **[Q46]**

<9>   NOT ASCERTAINED **[Q46]**

[Q46]
¿Está ciego(a) o tiene mucha dificultad para ver, aún con anteojos o lentes puestos?

<1>   Yes   **[Q47]**
<2>   No   **[Q47]**

<9>   NOT ASCERTAINED **[Q47]**

[Q47]
Debido a un problema físico, mental o emocional , ¿tiene dificultad para concentrarse, recordar o tomar decisiones?

<1>   Yes   **[Q48]**
<2>   No   **[Q48]**

<9>   NOT ASCERTAINED **[Q48]**

[Q48]
¿Tiene mucha dificultad para caminar o subir escaleras?

<1>   Yes   **[Q49]**
<2>   No   **[Q49]**

<9>   NOT ASCERTAINED **[Q49]**

[Q49]
¿Tiene dificultad para vestirse o bañarse?

<1>   Yes   **[Q50]**
<2>   No   **[Q51]**

<9>   NOT ASCERTAINED **[Q50]**

[Q50]
En el último mes, ¿alguna vez dejó de ducharse, bañarse o asearse porque no había quién le ayudara?

<1>   Yes   **[Q51]**
<2>   No   **[Q51]**

<9>   NOT ASCERTAINED **[Q51]**

[Q51]
Debido a un problema físico, mental o emocional, ¿tiene dificultades para hacer trámites o hacer mandados solo(a), como ir a un consultorio médico o ir de compras?

<1>   Yes   **[Q52]**
<2>   No   **[Q53]**

<9>   NOT ASCERTAINED **[Q52]**

[Q52]
En el último mes, ¿alguna vez se quedó en casa porque tenía dificultad para salir solo(a)?

<1>   Yes   **[Q53]**

<2>   No   **[Q53]**

<9>   NOT ASCERTAINED **[Q53]**

[Q53]
Durante el año pasado, ¿le han puesto la vacuna para la influenza o gripe ya sea en inyección o con un rociador o espray nasal?

<1>   YES   **[Q54]**
<2>   NO   **[Q54]**
<3>   DON'T KNOW   **[Q54]**

<9>   NOT ASCERTAINED **[Q54]**

[Q54]
¿Actualmente fuma cigarrillos o usa tabaco todos los días, algunos días, o nunca?

<1>   EVERY DAY   **[Q55]**
<2>   SOME DAYS   **[Q55]**
<3>   NOT AT ALL   **[Q58]**
<4>   DON'T KNOW   **[Q58]**

<9>   NOT ASCERTAINED **[Q58]**

[Q55]
En los últimos 6 meses, ¿con qué frecuencia le aconsejó un doctor u otro profesional médico de su plan de salud, para que **dejara de fumar o usar tabaco**? ¿Diría que…

<1>   nunca,   **[Q56]**
<2>   a veces,   **[Q56]**
<3>   generalmente, o **[Q56]**
<4>   siempre?   **[Q56]**

<9>   NOT ASCERTAINED **[Q56]**

[Q56]
En los últimos 6 meses, ¿con qué frecuencia le recomendó o le habló un doctor u otro profesional médico, sobre medicamentos para ayudarle a **dejar de fumar o usar tabaco**? Ejemplos de medicamentos son: chicle o goma de mascar con nicotina, parche, rociador o aerosol nasal, inhalador o medicamentos recetados. ¿Diría que…

<1>   nunca,   **[Q57]**
<2>   a veces,   **[Q57]**
<3>   generalmente, o **[Q57]**
<4>   siempre?   **[Q57]**

<9>   NOT ASCERTAINED **[Q57]**

[Q57]

En los últimos 6 meses, ¿con qué frecuencia le mencionó o le dio un doctor u otro profesional médico, métodos y estrategias aparte de medicamentos para ayudarle a **dejar de fumar o usar tabaco**? Ejemplos de métodos y estrategias son: una línea telefónica de ayuda, consejería individual o terapia de grupo, o un programa para dejar de fumar. ¿Diría que…

<1>	nunca,	**[Q58]**
<2>	a veces,	**[Q58]**
<3>	generalmente, o	**[Q58]**
<4>	siempre?	**[Q58]**
<9>	NOT ASCERTAINED	**[Q58]**

[Q58]
¿Toma aspirina todos los días o cada dos días?
{IF NECESSARY: "¿Diria que sí o que no?"}

<1>	YES	**[Q59]**
<2>	NO	**[Q59]**
<3>	DON'T KNOW	**[Q59]**
<9>	NOT ASCERTAINED	**[Q59]**

The interviewer should pay attention to intonation with this question so that respondent replies "yes" or "no" to the question. If the respondent does not reply "yes" or "no", a probe is provided.

If the respondent asks about whether a particular medication or Brand name is considered aspirin, the interviewer may provide the following clarification:

Aspirin: Bayer and Bufferin.

Not Aspirin: Tylenol, Motrin, Aleve, Advil, ibuprofen and acetaminophen.

[Q59]
¿Tiene algún problema de salud que hace que sea peligroso para usted tomar aspirina o toma algún medicamento que haga peligroso tomar aspirina?
{IF NECESSARY: "¿Diría que sí o que no?"}

<1>	YES	**[Q60]**
<2>	NO	**[Q60]**
<3>	DON'T KNOW	**[Q60]**
<9>	NOT ASCERTAINED	**[Q60]**

[Q60]
¿Alguna vez ha hablado con usted un doctor o profesional médico acerca de los riesgos y beneficios de la aspirina para prevenir un infarto o un derrame cerebral?

<1>	YES	**[Q61]**

<2>   NO   **[Q61]**

<9>   NOT ASCERTAINED **[Q61]**

 [Q61]
En los últimos 6 meses, ¿recibió atención médica 3 veces o más por la misma enfermedad o problema?

<1>   YES   **[Q62]**
<2>   NO   **[Q63]**

<9>   NOT ASCERTAINED **[Q63]**

[Q62]
¿Se trata de una condición o problema que ha durado al menos 3 meses?

{**READ IF RESPONDENT IS FEMALE:** Al contestar esta pregunta **no** incluya el embarazo ni la menopausia.}

<1>   YES   **[Q63]**
<2>   NO   **[Q63]**

<9>   NOT ASCERTAINED **[Q63]**

Menopause is the time in a woman's life when she stops having menstrual periods. It is sometimes called "the change of life" or "the change".

[Q63]
¿Actualmente necesita o toma medicina recetada por un doctor?

{**READ IF RESPONDENT IS FEMALE**: Al contestar esta pregunta **no** incluya anticonceptivos.}

<1>   YES   **[Q64]**
<2>   NO   **[Q65]**

<9>   NOT ASCERTAINED **[Q65]**

[Q64]
¿Esta medicina es para tratar un problema que ha durado al menos 3 meses?

{**READ IF RESPONDENT IS FEMALE:** Al contestar esta pregunta **no** incluya el embarazo ni la menopausia.}

<1>   YES   **[Q65]**
<2>   NO   **[Q65]**

<9>   NOT ASCERTAINED **[Q65]**

READ IF PROXY]: por favor recuerde que está contestando por [SAMPLE MEMBER NAME] y que todas las preguntas de la encuesta se refieren a las experiencias de [SAMPLE MEMBER NAME] con Medicaid. Por favor no incluya las experiencias de usted o su propia información al darnos sus respuestas.

[Q65]
¿Qué edad tiene?

{IF NECESSARY: "¿Tiene …" THEN READ RESPONSE CHOICES}

<1>   18 a 24 años,   **[Q66]**
<2>   25 a 34 años,   **[Q66]**
<3>   35 a 44 años,   **[Q66]**
<4>   45 a 54 años,   **[Q66]**
<5>   55 a 64 años,   **[Q66]**
<6>   65 a 74 años, o   **[Q66]**
<7>   75 años o más? **[Q66]**

<9>   NOT ASCERTAINED **[Q66]**

> The respondent should report their age as of their last birthday. Do not round. Reading response choices is optional.

[Q66]

{ASK IF NECESSARY: "¿Su género es masculino o femenino?"}

<1>   MALE   **[Q67]**
<2>   FEMALE   **[Q67]**

<9>   NOT ASCERTAINED **[Q67]**

[Q67]
¿Cuál es el grado o nivel de estudios más alto que ha completado? ¿Completó…

<1>   8 años de escuela o menos,   **[Q68]**
<2>   9 a 12 años de escuela, pero sin graduarse,   **[Q68]**
<3>   Preparatoria (es decir, *"high school")* o GED,   **[Q68]**
<4>   algo de *college* o universidad , o algún grado de 2 años, **[Q68]**
<5>   título o grado universitario de 4 años, o   **[Q68]**
<6>   título universitario de más de 4 años?   **[Q68]**

<9>   NOT ASCERTAINED   **[Q68]**

Code academic training beyond a high school diploma that does not lead to a bachelor's degree as 4. This includes business school training or a three-year nursing degree.

If the respondent describes non-academic training, such as trade school, probe to find out if s/he has a high school diploma and code 2 or 3, as appropriate.

[FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-E]

>Q68a<
¿Es usted de origen hispano, latino/a o español?

<1>	Yes	**[Q68b]**
<0>	No	**[Q69a]**
<9>	NOT ASCERTAINED	**[Q69a]**

<68b>
¿Es usted de origen mexicano(a), Mexico-Americano(a), chicano(a)?

<1>	Yes	**[Q68c]**
<0>	No	**[Q68c]**
<9>	NOT ASCERTAINED	**[Q68c]**

<68c>
¿Es usted de origen puertorriqueño(a)?

<1>	Yes	**[Q68d]**
<0>	No	**[Q68d]**
<9>	NOT ASCERTAINED	**[Q68d]**

<68d>
¿Es usted de origen cubano(a)?

<1>	Yes	**[Q68e]**
<0>	No	**[Q68e]**
<9>	NOT ASCERTAINED	**[Q68e]**

<68e>
¿Es usted de otro origen hispano, latino, o español?

<1>	Yes	**[Q69a]**
<0>	No	**[Q69a]**
<9>	NOT ASCERTAINED	**[Q69a]**

[FOR TELEPHONE INTERVIEWING THIS QUESTION IS BROKEN INTO PARTS A-O]

>69a<
Le voy a leer una lista de grupos raciales. Para cada categoría, por favor conteste sí o no, si ésta describe su raza. Le tengo que preguntar sobre todas las categorías en caso de que le corresponda más de una.

¿Es usted blanco(a)?

<0>   NO OR NOT ASCERTAINED **[Q69b]**
<1>   YES   **[Q69b]**

> If the respondent replies "Why are you asking my race?" say: "We ask about your race for demographic purposes only. We want to be sure that the people we survey accurately represent the racial diversity of managed care enrollees in this country."
>
> If the respondent answers with a category not listed here, such as "Hispanic" or "American" or "Mixed race", the interviewer can probe using the category "Other."

>69b<
¿Negro(a) o Afro-americano(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**c]**
<1>   YES   **[Q**69**c]**

>69c<
¿Indio-Americano(a) o nativo(a) de Alaska?
<0>   NO OR NOT ASCERTAINED **[Q**69**d]**
<1>   YES   **[Q**69**d]**

>69d<
¿Indio(a) asiático(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**e]**
<1>   YES   **[Q**69**e]**

>69e<
¿Chino(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**f]**
<1>   YES   **[Q**69**f]**

>69f<
¿Filipino(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**g]**
<1>   YES   **[Q**69**g]**

>69g<
¿Japonés(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**h]**
<1>   YES   **[Q**69**h]**

>69h<
¿Coreano(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**i]**
<1>   YES   **[Q**69**i]**

>69i<
¿Vietnamita?

<0>   NO OR NOT ASCERTAINED **[Q**69**j]**
<1>   YES   **[Q**69**j]**

>69j<
¿Otro(a) asiático(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**k]**
<1>   YES   **[Q**69**k]**

>69k<
¿Nativo(a) de Hawái?

<0>   NO OR NOT ASCERTAINED **[Q**69**l]**
<1>   YES   **[Q**69**l]**

>69l<
¿Guamaniano(a) o chamorro(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**m]**
<1>   YES   **[Q**69**m]**

>69m<
¿Samoano(a)?

<0>   NO OR NOT ASCERTAINED **[Q**69**n]**
<1>   YES   **[Q**69**n]**

>69n<

¿De otra isla del Pacífico?

<0>   NO OR NOT ASCERTAINED **[Q**69**o]**
<1>   YES   **[Q**69**o]**

>69o<
¿De alguna otra raza?

<0>   NO OR NOT ASCERTAINED **[close]**
<1>   YES   **[close]**

>close<
Estas son todas las preguntas que tengo. Muchas gracias por participar en esta importante entrevista.

Appendix D: Cover Letters (Mailing #1 and Mailing #2)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-24-25
Baltimore, Maryland 21244-1850

CMS Privacy Office

Si prefiere continuar en Español, llame a nuestro número de teléfono gratuito 1-888-279-9688, lunes a viernes, entre las 9:00 a.m. y 9:00 p.m. hora local.

As an individual covered by Medicaid, you deserve the highest quality medical care from doctors and other clinicians you trust. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicaid program in partnership with your state. Our responsibility is to ensure that you get high quality care at a reasonable price. One of the ways we can fulfill that responsibility is to find out directly from you about the care you are currently receiving from doctors and other health care professionals who participate in the Medicaid program. CMS is conducting a survey of adults enrolled in Medicaid and has hired NORC at the University of Chicago, a survey research organization, to carry out this survey.

Your name was selected at random by CMS from among Medicaid enrollees in your state. We would greatly appreciate it if you would take the time, about 20 minutes, to fill out this questionnaire. The accuracy of the results depends on getting answers from you and other people we selected for this survey. This is your opportunity to help us and your health care providers serve you better.

All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and NORC. You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicaid benefits in any way. However, your knowledge and experiences will help to make health care better for everyone enrolled in Medicaid, so we hope you will choose to help us by completing and returning this survey in the enclosed postage-paid envelope.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please call toll-free 1-800-264-1576, Monday through Friday, between 9:00 a.m. and 9:00 p.m. local time.

Thank you in advance for your participation.

Sincerely,

Walter Stone
CMS Privacy Officer

THOR_CAHPS_ADULT_MEDICAID_LTR_A

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-24-25
Baltimore, Maryland 21244-1850

CMS Privacy Office

Si prefiere continuar en Español, llame a nuestro número de teléfono gratuito 1-888-279-9688, lunes a viernes, entre las 9:00 a.m. y 9:00 p.m. hora local.

About three weeks ago we sent you a survey about the care you receive from doctors and other health care professionals who participate in the Medicaid program. If you have already responded, we thank you for your help and please ignore this letter.

If you have not had time to respond or if you have lost the survey, please take a little time to complete the survey now and return it in the enclosed postage-paid envelope. It should take about 20 minutes to complete the survey.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicaid program in partnership with your state. CMS is conducting this survey of adults enrolled in Medicaid and has hired NORC at the University of Chicago, a survey research organization, to carry out the survey.

Your name was selected at random by CMS from among Medicaid enrollees in your state. The accuracy of the results depends on getting answers from you and other people we selected for this survey. This is your opportunity to help us and your health care providers serve you better.

All information you provide will be held in confidence and is protected by the Privacy Act. The information you provide will not be shared with anyone other than authorized persons at CMS and NORC. You do not have to participate in this survey. Your help is voluntary, and your decision to participate or not to participate will not affect your Medicaid benefits in any way. However, your knowledge and experiences will help to make health care better for everyone enrolled in Medicaid, so we hope you will choose to help us by completing and returning this survey.

If you have any questions about the survey or would like to find out how to complete the survey by phone, please call toll-free 1-800-264-1576, Monday through Friday, between 9:00 a.m. and 9:00 p.m. local time.

Thank you in advance for your participation.

Sincerely,

Walter Stone
CMS Privacy Officer

THOR_CAHPS_ADULT_MEDICAID_LTR_B

Appendix E: Postcard and Other Mailing Materials

We need your help! We recently sent you a survey of adults enrolled in Medicaid. If you have returned the survey, thank you for your help. If you have not yet answered the survey, we would appreciate it if you could please fill it out and mail it back in the postage-paid envelope we sent you. It should take about 20 minutes to complete the survey. Your participation is voluntary.

If you did not get the survey, or if you have lost it, please call toll-free 1-800-264-1576, Monday through Friday, between 9:00 a.m. and 9:00 p.m. local time. They will mail you another one. You can also call that number to find out how to complete the survey by phone, or if you have any questions.

Si prefiere continuar en Español, llame a nuestro número de teléfono gratuito 1-888-279-9688, lunes a viernes, entre las 9:00 a.m. y 9:00 p.m. hora local.

Thanks again for your help!

THOR_CAHPS_ADULT_MEDICAID_PC

THOR_CAHPS_BRE_03.14#9

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL   PERMIT NO. 9   CONYERS, GA

POSTAGE WILL BE PAID BY ADDRESSEE

THOROUGHBRED RESEARCH GROUP
P.O. BOX 83190
CONYERS GA 30013-9858

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

c/o Thoroughbred Research Group
P.O. Box 83190
Conyers, GA 30013-9858

Electronic Service Requested

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
CONYERS, GA
PERMIT NO. 9

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE ENCLOSED

THOR_CAHPS_OG_A_03.14

Appendix F: Original CAHPS 5.0H Questions Removed from the 2014-2015 Nationwide Adult Medicaid CAHPS Survey

Original Section	Original Q #	Original Question	Reason for Change
Your Health Plan	28	In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?	Question topic regarding information about health plan removed.
	29	In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	Question topic regarding information about health plan removed.
	30	In the last 6 months, did you get information or help from your health plan's customer service?	Question topic regarding information about health plan removed.
	33	In the last 6 months, did your health plan give you any forms to fill out?	Question topic regarding health plan forms removed.
	34	In the last 6 months, how often were the forms from your health plan easy to fill out?	Question topic regarding health plan forms removed.
About You	45	Are you aware that you have any of the following conditions? Mark one or more.	Combined with original Question 46 to form new Question 44.
	46	Has a doctor ever told you that you have any of the following conditions? Mark one or more.	Combined with original Question 45 to form new Question 44.

Appendix G: 2014-2015 Nationwide Adult Medicaid CAHPS Survey Analysis File Layout

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
SID	--	Member-unique ID	Unique Member ID	7	
Stratum	--	Enrollee Stratum	(10 characters)	10	
Agency	--	State Medicaid Agency Name	(50 characters)	50	
MC_NAME	--	Managed Care Name	(40 characters)	40	
Disposition1	--	Disposition1 of Survey	M10 or T10 = complete and valid survey M20 or T20 = ineligible: deceased M21 or T21 = ineligible: does not meet Eligible Population criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M24 or T24 = ineligible: mentally or physically incapacitated* M31 or T31 = non-response: partially completed survey M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts M34 or T34 = non-response: blank survey or incomplete survey	3	Where: M = mail; T = telephone
Disposition2	--	Disposition2 of Survey	1 = Complete 2 = Terminated 4 = Refusal 5 = Language Barrier 8 = Disconnect 9 = Computer 10 = Blocked Number 11 = No Such Person 12 = Respondent Not Available For Duration Of Study 13 = Not Eligible Due To Age 27 = Mental/Physical Barrier 28 = Refusal/Non-Enrollment Status 29 = Deceased 30 = Already Completed Survey 31 = Mailed survey 35 = Do Not Call 36 = Will Mail Survey	2	
Round	--	Survey Round	M1 = first mailing M2 = second mailing T1 = first telephone attempt T2 = second telephone attempt T3 = third telephone attempt MT = partially completed by mail and converted to complete by telephone NC = not completed (use for members with disposition codes NOT equal to M10 or T10)	2	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
SurveyMethod	--	Survey Method	01 = Outbound 02 = Inbound 03 = Mail 99 = Not Complete	1	
Language	--	Survey Language	1 = English 2 = Spanish 3 = Not applicable (use for members with disposition codes NOT equal to M10, T10, I10)	1	
Gender	--	Member Gender	1 = Male2 = Female9 = Missing	1	From the Sample Frameprovided by NORC
YOB	--	Member Year of Birth *	yyyy = Year of Birth	4	From the Sample Frame provided by NORC
City	--	City of Member *	(30 characters)	30	From the Sample Frame provided by NORC
State	--	State of Member	Two character state abbreviation (e.g., AL)	2	From the Sample Frame provided by NORC
Age	--	Member Age as of December 31 of the Measurement Year	Numeric, 2-digit variable (18-80) 00 = Member is in a product or product line for which the measure is not being reported	2	From the Sample Frame provided by NORC Code ages 81 and greater as "80"
ProvideAddress	--	Did the state provide an address for this member in the sample frame?	1 = Yes 2 = No	1	
ProvidePhone	--	Did the state provide a phone number for this member in the sample frame?	1 = Yes 2 = No (For blank or non-dialable numbers, code 2)	1	
ReceivedDate	--	Date of receipt - mail survey	YYYYMMDD	8	
InterviewDate	--	Date of complete - telephone	YYYYMMDD	8	
Proxy	--	Did proxy complete survey (telephone)	1 = Yes 2 = No	1	(telephone only)
Q1	1	Our records show that in the last six months you were enrolled in [INSERT STATE MEDICAID AGENCY/HEALTH PLAN NAME]. Is that right?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q2	2	What is the name of your health plan?	(60 characters)	60	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q3	3	In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q4	4	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q5	5	About how long has it been since you last visited a doctor for a check-up?	1 = Within the past year (anytime less than 12 months ago) 2 = Within the past 2 years (1 year but less than 2 years ago) 3 = Within the past 5 years (2 years but less than 5 years ago) 4 = 5 or more years ago 5 = Never 8 = Multiple mark 9 = Missing	1	
Q6	6	In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q7	7	In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q8	8	In the last 6 months, how many times did you go to an emergency room to get care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 8 = Multiple mark 9 = Missing	1	
Q9	9	What was the main reason for your last emergency room visit? Choose one.	0 = Didn't have a doctor 1 = Doctor's office or clinic was not open 2 = Doctor's office was open, but could not get an appointment 3 = The problem was too serious for the doctor's office or clinic 4 = Get most of your care at the emergency room 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q10	10	In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 8 = Multiple mark 9 = Missing	1	
Q11	11	In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q12	12	In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q13	13	When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?	1 = Not at all 2 = A little 3 = Some 4 = A lot 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q14	14	When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?	1 = Not at all 2 = A little 3 = Some 4 = A lot 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q15	15	When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q16	16	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	00 = 0 Worst health care possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health care possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	2	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q17	17	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q18	18	In the last 6 months, how often was it easy to get special medical equipment, such as a cane, a wheelchair, diabetic testing supplies, or a nebulizer, you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Did not need special medical equipment in the last 6 months 8 = Multiple mark 9 = Missing	1	
Q19	19	In the last 6 months, how often was it easy to get the mental health or behavioral health services you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Did not need these services in the last 6 months 8 = Multiple mark 9 = Missing	1	
Q20	20	In the last 6 months, how often was it easy to get the dental services you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Did not need these services in the last 6 months 8 = Multiple mark 9 = Missing	1	
Q21	21	In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a doctor believed necessary?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q22	22	What is the main reason you were not able to get medical care, tests, or treatment you or a doctor believed necessary? Choose one.	0 = Couldn't afford care 1 = My health plan wouldn't approve, cover, or pay for care 2 = Doctor refused to accept my insurance 3 = Doctor doesn't speak my language 4 = Couldn't get transportation to doctor's office 5 = Couldn't take time off work or get child care 6 = Didn't know where to go to get care 7 = The wait took too long 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	2	
Q23	23	Is there a place you usually go to when you are sick or need advice about your health?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q24a	24a	Why don't you have a usual source of medical care? Is it because... You haven't had any problems?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q24b	24b	Why don't you have a usual source of medical care? Is it because... No doctors take your insurance?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q24c	24c	Why don't you have a usual source of medical care? Is it because... No doctors speak your language?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q24d	24d	Why don't you have a usual source of medical care? Is it because... The doctor's office is too far away or not convenient?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q24e	24e	Why don't you have a usual source of medical care? Is it because... You don't plan to see a doctor even when you're sick?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q25	25	What kind of place do you go to most often for your medical care? Choose one. (READ LIST. SINGLE RESPONSE.)	1 = Clinic or health center 2 = Doctor's office or HMO 3 = Hospital emergency room 4 = Hospital outpatient department 5 = Some other place 6 = Don't go to one place most option 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q26	26	A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q27	27	In the last 6 months, how many times did you visit your personal doctor to get care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q28	28	In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q29	29	In the last 6 months, how often did your personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q30	30	In the last 6 months, how often did your personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q31	31	In the last 6 months, how often did your personal doctor spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q32	32	In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q33	33	In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q34	34	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	00 = 0 Worst personal doctor possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best personal doctor possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	2	
Q35	35	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q36	36	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q37	37	How many specialists have you seen in the last 6 months?	0 = None 1 = 1 specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q38	38	We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	00 = 0 Worst specialist possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best specialist possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	2	
Q39	39	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Did not try to get information or help 8 = Multiple mark 9 = Missing	1	
Q40	40	In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q41	41	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 your health plan?	00 = 0 Worst health plan possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health plan possible 88 = Multiple mark 99 = Missing	2	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q42	42	In general, how would you rate your overall health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	1	
Q43	43	In general, how would you rate your overall <u>mental or emotional</u> health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	1	
Q44a	44a	Has a doctor ever told you that you had any of the following conditions? High cholesterol?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44b	44b	Has a doctor ever told you that you had any of the following conditions? High blood pressure?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44c	44c	Has a doctor ever told you that you had any of the following conditions? A heart attack?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44d	44d	Has a doctor ever told you that you had any of the following conditions? Angina or coronary heart disease?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44e	44e	Has a doctor ever told you that you had any of the following conditions? A stroke?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44f	44f	Has a doctor ever told you that you had any of the following conditions? Any kind of diabetes or high blood sugar?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44g	44g	Has a doctor ever told you that you had any of the following conditions? Cancer, other than skin cancer?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q44h	44h	Has a doctor ever told you that you had any of the following conditions? Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q45	45	Are you deaf or do you have serious difficulty hearing?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q46	46	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q47	47	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q48	48	Do you have serious difficulty walking or climbing stairs?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q49	49	Do you have difficulty dressing or bathing?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q50	50	In the last month, did you ever go without showering/ taking a bath/ washing up because no one was there to help?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q51	51	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q52	52	In the last month, did you ever have to stay home because you had difficulty going out by yourself?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q53	53	Have you had either a flu shot or flu spray in the nose since July 2013?	1 = Yes 2 = No 3 = Don't know 8 = Multiple mark 9 = Missing	1	
Q54	54	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know 8 = Multiple mark 9 = Missing	1	
Q55	55	In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q56	56	In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q57	57	In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q58	58	Do you take aspirin daily or every other day?	1 = Yes 2 = No 3 = Don't Know 8 = Multiple mark 9 = Missing	1	
Q59	59	Do you have a health problem or take medication that makes taking aspirin unsafe for you?	1 = Yes 2 = No 3 = Don't Know 8 = Multiple mark 9 = Missing	1	
Q60	60	Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q61	61	In the last 6 months, did you get health care 3 or more times for the same condition or problem?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	
Q62	62	Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q63	63	Do you now need or take medicine prescribed by a doctor? Do not include birth control.	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q64	64	Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	
Q65	65	What is your age?	1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older 8 = Multiple mark 9 = Missing	1	
Q66	66	Are you male or female?	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	1	
Q67	67	What is the highest grade or level of school that you have completed?	1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 9 = Missing	1	
Q68a.	68a.	Are you of Hispanic or Latino origin or descent?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q68b	68b	Are you of Mexican, Mexican American, Chicano/a origin?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q68c	68c	Are you of Puerto Rican origin?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q68d	68d	Are you of Cuban origin?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q68e	68e	Are you of another Hispanic, Latino, or Spanish origin?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69a	69a	What is your race? Are you white?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69b	69b	What is your race? Black or African-American?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69c	69c	What is your race? American Indian or Alaska Native?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69d	69d	What is your race? Asian Indian?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69e	69e	What is your race? Chinese?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q69f	69f	What is your race? Filipino?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69g	69g	What is your race? Japanese?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69h	69h	What is your race? Korean?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69i	69i	What is your race? Vietnamese?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69j	69j	What is your race? Other Asian?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69k	69k	What is your race? Native Hawaiian?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69l	69l	What is your race? Guamanian or Chamorro?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69m	69m	What is your race? Samoan?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69n	69n	What is your race? Other Pacific Islander?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q69o	69o	What is your race? Some other race?	0 = Respondent did not check / No or Not Ascertained 1 = Respondent checked / Yes	1	
Q70	70	Did someone help you complete this survey?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
Q71a	71a	How did that person help you? Mark one or more.	0 = Respondent did not check "Read the questions to me" 1 = Respondent checked "Read the questions to me" 7 = Appropriately skipped	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.

Variable Name	Question No.	Variable Description	Value Labels	Field Length	Notes
Q71b	71b	How did that person help you? Mark one or more.	0 = Respondent did not check "Wrote down the answers I gave" 1 = Respondent checked "Wrote down the answers I gave" 7 = Appropriately skipped	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
Q71c	71c	How did that person help you? Mark one or more.	0 = Respondent did not check "Answered the questions for me" 1 = Respondent checked "Answered the questions for me" 7 = Appropriately skipped	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
Q71d	71d	How did that person help you? Mark one or more.	0 = Respondent did not check "Translated the questions into my language" 1 = Respondent checked "Translated the questions into my language" 7 = Appropriately skipped	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
Q71e	71e	How did that person help you? Mark one or more.	0 = Respondent did not check "Helped in some other way" 1 = Respondent checked "Helped in some other way" 7 = Appropriately skipped	1	This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
FINALWEIGHT	--	Standard Final Weight	(12 digits)	12	
STATE_ STRATUM	--	Combined State and Stratum	(12 digits)	12	

Appendix H: 2014-2015 Nationwide Adult Medicaid CAHPS Survey Disposition File Layout

Variable Name	Variable Description	Value Labels	Field Length	Notes
SID	Member-unique ID	Unique Member ID	7	
State	State of Member	Two character state abbreviation (e.g., AL)	2	From the Sample Frame provided by the Health Plan
Stratum	Enrollee Stratum	(10 characters)	10	
Age_Group	Enrollee's Age Group	18-20 21-44 45-64 65-74 75-84 85+	5	From the Sample Frame provided by NORC.
Gender	Enrollee's Gender	1 = Male 2 = Female 9 = Missing	1	From the Sample Frame provided by the Health Plan
Disposition1	Disposition1 of Survey	M10 or T10 = complete and valid survey M20 or T20 = ineligible: deceased M21 or T21 = ineligible: does not meet Eligible Population criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M24 or T24 = ineligible: mentally or physically incapacitated* M31 or T31 = non-response: partially completed survey M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts M34 or T34 = non-response: blank survey or incomplete survey	3	Where: M = mail; T = telephone
Disposition1_Label	Definition of Disposition1	M10 or T10 = complete and valid survey M20 or T20 = ineligible: deceased M21 or T21 = ineligible: does not meet Eligible Population criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M24 or T24 = ineligible: mentally or physically incapacitated* M31 or T31 = non-response: partially completed survey M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts M34 or T34 = non-response: blank survey or incomplete survey	46	Where: M = mail; T = telephone

Variable Name	Variable Description	Value Labels	Field Length	Notes
Disposition2	Disposition2 of Survey	1 = Complete 2 = Terminated 4 = Refusal 5 = Language Barrier 8 = Disconnect 9 = Computer Tone 10 = Blocked Number 11 = No Such Person 12 = Respondent Not Available For Duration Of Study 13 = Not Eligible Due To Age 27 = Mental/Physical Barrier 28 = Refusal/Non-Enrollment Status 29 = Deceased 30 = Already Completed Survey 31 = Mailed survey 35 = Do Not Call 36 = Will Mail Survey	2	
Disposition2 _Label	Definition of Disposition2	1 = Complete 2 = Terminated 4 = Refusal 5 = Language Barrier 8 = Disconnect 9 = Computer Tone 10 = Blocked Number 11 = No Such Person 12 = Respondent Not Available For Duration Of Study 13 = Not Eligible Due To Age 27 = Mental/Physical Barrier 28 = Refusal/Non-Enrollment Status 29 = Deceased 30 = Already Completed Survey 31 = Mailed survey 35 = Do Not Call 36 = Will Mail Survey	46	

Appendix I: 2014-2015 Nationwide Adult Medicaid CAHPS Survey Disposition File Layout

Variable Name	Variable Description	Value Labels	Field Length
SID	Survey ID Number	(7 characters)	7
MSIS_ID	MSIS ID number	(8 characters)	8
SSN	Social Security Number	(9 characters)	9

IX. References and Endnotes

[i] A full listing of the Initial Core Set of Health Care Quality Measures for Adults in Medicaid can be found: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf

[ii] The five original CAHPS 5.0H questions deleted from the nationwide survey include:

- Q28 – CAHPS 5.0H: In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Q29 – CAHPS 5.0H: In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Q30 – CAHPS 5.0H: In the last 6 months, did you get information or help from your health plan's customer service?

- Q33 – CAHPS 5.0H: In the last 6 months, did your health plan give you any forms to fill out?

- Q34 – CAHPS 5.0H: In the last 6 months, how often were the forms from your health plan easy to fill out?

[iii] U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Accessed 7/24/2015. http://aspe.hhs.gov/datacncl/standards/aca/4302/index.pdf

[iv] The cognitive interviews were a pre-test under PRA/OMB rules, allowing for a maximum testing of nine respondents.