

MCBS MAIN STUDY - ROUND 49 – FALL SUPPLEMENT 2007

COMMUNITY COMPONENT

AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO BOX HFA1 . OTHERWISE, GO TO BOX AC1A .
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THIS SECTION IS FOR SUPPLEMENTAL, ORD, AND DUAL ELIGIBLE SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

BOX AC1A	<p>a. IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE GO TO ACINTRO. OTHERWISE, GO TO b.</p> <p>b. IF AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO BOX AC1C. IF SP HAD ER VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD ER VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC6 NOT ASKED THIS ROUND, GO TO AC6a.</p> <p>IF SP DID NOT HAVE ANY ER VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1C.</p>
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ACINTRO. The next questions are about health care services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room?

ERVISIT	YES	1 (AC6a)
	NO	2 (AC8)
	REFUSED	-7 (AC8)
	DON'T KNOW	-8 (AC8)

AC2 OMITTED IN ROUND 43.

AC3 OMITTED IN ROUND 43.

AC4 OMITTED IN ROUND 43.

AC5 OMITTED IN ROUND 43.

AC6 OMITTED IN ROUND 43.

AC6a. Think about the most recent time (you/SP) went to the hospital emergency room. How long did (you/SP) have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

EWAITUNT DID NOT HAVE TO WAIT 0 **BOX AC1B**
 HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 **BOX AC1B**
 DON'T KNOW -8 **BOX AC1B**

EWAITHRS a. NUMBER OF HOURS _____
EWAITMIN b. NUMBER OF MINUTES _____

BOX AC1B	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC7. OTHERWISE, GO TO BOX AC1C .
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AC7. (Were you/Was SP) admitted to the hospital from the emergency room?

ERADMT YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX AC1C	<p>a. IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC8. OTHERWISE, GO TO b.</p> <p>b. IF AC9-AC16a ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO BOX AC1E.</p> <p>IF SP HAD OP VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD OP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC9, AC12-AC16a NOT ASKED THIS ROUND, GO TO AC9, AC12-AC16a.</p> <p>IF SP DID NOT HAVE ANY OP VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1E.</p>
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AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department?
 [DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

OPDVISIT YES 1 (AC9)
 NO 2 (AC17)
 REFUSED -7 (AC17)
 DON'T KNOW -8 (AC17)

- AC9. [I have a few more questions about visits that (you/SP) had in the past.]
 Think about the most recent time (you/SP) went to a hospital clinic or outpatient department. What was the reason (you/SP) went to the hospital clinic or outpatient department?
 [PROBE: Any other reason?]
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

OPDMCOND	MEDICAL CONDITION NAMED.....	1
OPDTESTS	TESTS.....	2
OPDFOLUP	FOLLOW-UP.....	3
OPDCHKUP	CHECKUP.....	4
OPDRFRL	REFERRAL.....	5
OPDSURGY	SURGERY.....	6
OPDPSHOT	PREVENTIVE SHOT.....	7
OPDTSHOT	TREATMENT SHOT.....	8
OPDPMED	TO GET OR REFILL A PRESCRIPTION	9
OPDOTHER	OTHER (SPECIFY)	91
OPDOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX AC1D	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC9 = 1 AND/OR 6, GO TO AC12.
	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC9 ≠ 1 OR 6, GO TO AC10.
	IF SP NOT IN THE SUPPLEMENTAL (INTERVIEW TYPE ≠ 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC12.

- AC10. Was that for a specific condition?

OPDSCOND	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

AC11 OMITTED IN ROUND 43.

- AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?

OPDAPPT	APPOINTMENT.....	1 (AC13)
	WALKED IN	2 (AC16a)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

- AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

OPDDRTEL	TOLD TO COME BACK DURING	
	EARLIER VISIT	1 (AC16a)
	CALLED FOR AN APPOINTMENT	2 (AC14)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

- AC14. How long did (you/SP) have to wait for the appointment – about how many days, weeks, or months?

OPDAWUNT	DID NOT HAVE TO WAIT	0 (AC16a)
	DAYS.....	1 (a)
	WEEKS	2 (b)
	MONTHS.....	3 (c)
	REFUSED	-7 (AC16a)
	DON'T KNOW	-8 (AC16a)

OPDAWDAY	a. NUMBER OF DAYS _____
OPDAWWKS	b. NUMBER OF WEEKS _____
OPDAWMOS	c. NUMBER OF MONTHS _____

AC15 OMITTED IN ROUND 43.

AC16 OMITTED IN ROUND 43.

- AC16a. [Think about the most recent time (you/SP) went to a hospital clinic or outpatient department.] How long did (you/SP) have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

OWAITUNT	DID NOT HAVE TO WAIT	0 BOX AC1E
	HOURS ONLY.....	1 (a)
	MINUTES ONLY.....	2 (b)
	HOURS AND MINUTES.....	3 (a & b)
	REFUSED	-7 BOX AC1E
	DON'T KNOW	-8 BOX AC1E

OWAITHRS	a. NUMBER OF HOURS _____
OWAITMIN	b. NUMBER OF MINUTES _____

BOX AC1E	<p>a. IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE GO TO AC17. OTHERWISE, GO TO b.</p> <p><u>*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a = 2, -7, -8, OR -9 AND PROVIDER ROSTER SPECIALTY (PROVSPEC) = 2 (MD).</u></p> <p>b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO BOX OM1A.</p> <p>IF SP HAD MP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS <u>AND</u> AC20, AC21, AC24-AC36 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC36.</p> <p>IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1G.</p>
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AC17. (Have you/Has SP) ever been a resident or patient in a nursing home or similar place?

NHRESEVR	YES	1 (AC18)
	NO	2 (AC19)
	REFUSED	-7 (AC19)
	DON'T KNOW	-8 (AC19)

AC18. When (were you/was SP) last a resident or patient in a nursing home or similar place?

NHLRESMM	MM () YY ()
NHLRESYY	

AC19. Next, I want to ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/Has SP) seen a medical doctor since (REF. DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital.

MDVISIT	YES	1 (AC19a)
	NO	2 BOX AC1G
	REFUSED	-7 BOX AC1G
	DON'T KNOW	-8 BOX AC1G

AC19a. I have a few more questions about visits that (you/SP) had in the past.

[PRESS ENTER TO CONTINUE.]

AC20. Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?

MDSPCLTY
MDSPCLOS

AC21. What was the reason (you/SP) saw the doctor?

[PROBE: Any other reason?]

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MDMCOND	MEDICAL CONDITION NAMED	1
MDTESTS	TESTS.....	2
MDFOLUP	FOLLOW-UP.....	3
MDCHKUP	CHECKUP	4
MDRFR	REFERRAL	5
MDSURGY	SURGERY.....	6
MDPSHOT	PREVENTIVE SHOT.....	7
MDTSHOT	TREATMENT SHOT.....	8
MDPMED	TO GET OR REFILL A PRESCRIPTION	9
MDOTHER	OTHER (SPECIFY)	91
MDOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX AC1F	<p>IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC24.</p> <p>IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC21 ≠ 1 OR 6, GO TO AC22.</p> <p>IF SP NOT IN THE SUPPLEMENTAL SAMPLE (INTERVIEW TYPE ≠ 3), GO TO AC24.</p>
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AC22. Was that for a specific condition?

MDSCOND	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

AC23 OMITTED IN ROUND 43.

AC24. Did (you/SP) have an appointment for this visit with the doctor, or did (you/he/she) just walk in?

MDAPPT	APPOINTMENT.....	1 (AC25)
	WALKED IN	2 (AC28a1)
	REFUSED	-7 (AC28a1)
	DON'T KNOW	-8 (AC28a1)

AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

MDDRTEL	TOLD TO COME BACK DURING	
	EARLIER VISIT	1 (AC28a1)
	CALLED FOR AN APPOINTMENT	2 (AC26)
	REFUSED	-7 (AC28a1)
	DON'T KNOW	-8 (AC28a1)

AC26. How long did (you/SP) have to wait for the appointment with the medical doctor – about how many days, weeks, or months?

MDAWUNT	DID NOT HAVE TO WAIT	0 (AC28a1)
	DAYS.....	1 (a)
	WEEKS	2 (b)
	MONTHS	3 (c)
	REFUSED	-7 (AC28a1)
	DON'T KNOW	-8 (AC28a1)

MDAWDAY MDAWWKS MDAWMOS	a. NUMBER OF DAYS
	b. NUMBER OF WEEKS
	c. NUMBER OF MONTHS

AC27 OMITTED IN ROUND 43.

AC28 OMITTED IN ROUND 43.

AC28a1. [Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital.] How long did (you/SP) have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

MWAITUNT	DID NOT HAVE TO WAIT	0 BOX AC1G
	HOURS ONLY	1 (a)
	MINUTES ONLY	2 (b)
	HOURS AND MINUTES	3 (a & b)
	REFUSED	-7 BOX AC1G
	DON'T KNOW	-8 BOX AC1G

MWAITHRS MWAITMIN	a. NUMBER OF HOURS
	b. NUMBER OF MINUTES

BOX AC1FF OMITTED IN ROUND 43.

AC28a OMITTED IN ROUND 43.

AC28b OMITTED IN ROUND 43.

AC29-AC31: MOVED TO SECTION HF IN ROUND 4.

AC32 OMITTED IN ROUND 4.

BOX AC1G	IF SP CURRENTLY IN MEDICARE MANAGED CARE PLAN (COVCURNT = 1), GO TO AC33. OTHERWISE, GO TO BOX AC3 .
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AC33. The following questions are about health care that (you/SP) received through (CURRENT MEDICARE MANAGED CARE PLAN NAME).

While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), (have you/has SP) had difficulty in obtaining referrals for the services of a specialist or other medical person within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that (you/SP) thought were necessary?

MHREFDIF	YES	1 (AC34a)
	NO	2 (AC36)
	N/A, HAVEN'T TRIED TO OBTAIN REFERRAL	3 (AC36)
	REFUSED	-7 (AC36)
	DON'T KNOW	-8 (AC36)

AC34 OMITTED IN ROUND 22.

AC34a. What kind of specialist or medical person was this?

MHSPCLTY
MHSPCLOS

AC35. What kind of difficulty did (you/SP) have?

[PROBE: Any other difficulty?]

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MHNOAUTH	PLAN WOULDN'T AUTHORIZE SERVICE.....	1
MHWAITLG	THE WAIT FOR APPOINTMENT WAS TOO LONG.....	2
MHNOCONV	PROVIDER'S LOCATION WAS NOT CONVENIENT	3
MHNOREFR	DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE	4
MHNOLIKE	SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO.....	5
MHBADHRS	PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT.....	6
MHOTHER	OTHER (SPECIFY) _____	91
MHOTHOS	REFUSED	-7
	DON'T KNOW	-8

AC36. Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that (you/SP) felt was necessary?

MHREFPAY	YES	1
	NO	2
	N/A, HAVEN'T NEEDED EMERGENCY TREATMENT.....	3
	REFUSED	-7
	DON'T KNOW	-8

BOX AC3	GO TO BOX HFA1 .
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Attachment AC1 (MD SPECIALTY CODE LIST) moved to General Programming Specifications as Attachment 7.

Attachment AC2 (SPECIALTY CODE LIST) moved to General Programming Specifications as Attachment 8.

AC Addendum

Segments: ACCS