Medicare Current Beneficiary Survey

Section Specifications for ACQ R58 2010

PROVIDER PROBES/ACCESS TO CARE

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BOX AC1AA

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO ACINTRO - ACINT.

ELSE IF (SP HAD AN ER VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC6A NOT ALREADY ASKED), GO TO AC6A - EWAITUNT.

ELSE GO TO BOX AC1C.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

The AC section collects Access to Care information based on the SP's Emergency Room, Outpatient and Medical Provider visits.

The AC section is asked in its entirety for Supplement sample following the DM section.

The Continuing sample receives a subset of AC questions based on ER, OP, and MP utilization in the current round. If the SP reports a current round ER visit, we ask AC6A while administering ER. If the SP reports a current round OP visit, we ask AC9-AC16A while administering OP. If the SP reports a current round MP visit, we ask AC20-AC28A1 while administering MP. Once MP is complete, the AC section is administered to the continuing sample. The SP will receive ER, OP, MP related questions in AC based on whether or not the SP reported an ER, OP or MP visit during the past year. The AC questions will only be asked once, therefore if the SP has already received a subset of the AC questions in ER, OP, and/or MP, these questions will be skipped while administering AC.

ACINTRO   No Entry

QUESTION TEXT

The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE).

FIELD 1: ACINT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	AC1 - ERVISIT
	Empty	AC1 - ERVISIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

AC1

Yes/No

QUESTION TEXT

Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room?

FIELD 1: ERVISIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC6A - EWAITUNT
2	NO	AC8 - OPDVISIT
	Don't Know	AC8 - OPDVISIT
	Refused	AC8 - OPDVISIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.ERVISIT	1

AC6A

Quantity Unit

QUESTION TEXT

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.

FIELD 1: EWAITUNT

FIELD 1 ROUTING

Value	Label	Route
0	DID NOT HAVE TO WAIT	BOX AC1B
1	HOURS ONLY	AC6A - EWAITHRS
2	MINUTES ONLY	AC6A - EWAITMIN
3	HOURS AND MINUTES	AC6A - EWAITHRS
	Don't Know	BOX AC1B
	Refused	BOX AC1B

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.EWAITUNT	1

FIELD 2: EWAITHRS

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to BOX AC1B.

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.EWAITHRS	1

FIELD 3: EWAITMIN

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX AC1B

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.EWAITMIN	1

BOX AC1B

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7 - ERADMT.

ELSE GO TO BOX AC1C.

AC7

Yes/No

QUESTION TEXT

[Were you/Was (SP)] admitted to the hospital from the emergency room?

FIELD 1: ERADMT

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX AC1C
2	NO	BOX AC1C
	Don't Know	BOX AC1C
	Refused	BOX AC1C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.ERADMT	1

BOX AC1C

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC8 - OPDVISIT.

ELSE IF AC6A ASKED WHILE ADMINISTERING ER, GO TO BOX ER6.

ELSE IF (SP HAD AN OP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC9-AC16A NOT ALREADY ASKED), GO TO AC9 - OPDREAS.

ELSE GO TO BOX AC1E.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Included in this box is logic that handles exiting AC when being called from ER. When administering ER, if the SP reports a current round ER visit, the ER section calls AC6A. When complete, return to ER.

AC8   Yes/No

QUESTION TEXT

Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department?

DO NOT INCLUDE HOSPITAL INPATIENT STAYS.

FIELD 1: OPDVISIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC9 - OPDREAS
2	NO	AC17 - NHRESEVR
	Don't Know	AC17 - NHRESEVR
	Refused	AC17 - NHRESEVR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDVISIT	1

AC9 Code All

QUESTION TEXT

[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?]

CHECK ALL THAT APPLY.

FIELD 1: OPDREAS

FIELD 1 ROUTING

Value	Label	Route
1	MEDICAL CONDITION NAMED	BOX AC1D
2	TESTS	BOX AC1D
3	FOLLOW-UP	BOX AC1D
4	CHECKUP	BOX AC1D
5	REFERRAL	BOX AC1D
6	SURGERY	BOX AC1D
7	PREVENTIVE SHOT	BOX AC1D
8	TREATMENT SHOT	BOX AC1D
9	TO GET OR REFILL PRESCRIPTION	BOX AC1D
91	OTHER	AC9 - OPDOTHOS
	Don't Know	BOX AC1D
	Refused	BOX AC1D

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1/MedCondNamed=ACCS.OPDMCOND 2/Tests=ACCS.OPDTESTS 3/Followup=ACCS.OPDFOLUP 4/Checkup=ACCS.OPDCHKUP 5/Referral=ACCS.OPDRFRL 6/Surgery=ACCS.OPDSURGY 7/PreventiveShot=ACCS.OPDPSHOT 8/TreatmentShot=ACCS.OPDTSHOT 9/RefillPM=ACCS.OPDPMED 91/Other=ACCS.OPDOTHER	10

FIELD 2: OPDOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX AC1D

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDOTHOS	1

BOX AC1D

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC12 - OPDAPPT.

ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC10 - OPDSCOND.

ELSE GO TO AC12 - OPDAPPT.

AC10   Yes/No

QUESTION TEXT

Was that for a specific condition?

FIELD 1: OPDSCOND

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC12 - OPDAPPT
2	NO	AC12 - OPDAPPT
	Don't Know	AC12 - OPDAPPT
	Refused	AC12 - OPDAPPT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDSCOND	1

AC12

Code 1

QUESTION TEXT

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

FIELD 1: OPDAPPT

FIELD 1 ROUTING

Value	Label	Route
1	APPOINTMENT	AC13 - OPDDRTEL
2	WALKED IN	AC16A - OWAITUNT
	Don't Know	AC16A - OWAITUNT
	Refused	AC16A - OWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDAPPT	1

AC13

Code 1

QUESTION TEXT

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?

FIELD 1: OPDDRTEL

FIELD 1 ROUTING

Value	Label	Route
1	TOLD TO COME BACK DURING EARLIER VISIT	AC16A - OWAITUNT
2	CALLED FOR AN APPOINTMENT	AC14 - OPDAWUNT
	Don't Know	AC16A - OWAITUNT
	Refused	AC16A - OWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDDRTEL	1

AC14   Quantity Unit

QUESTION TEXT

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

FIELD 1: OPDAWUNT

FIELD 1 ROUTING

Value	Label	Route
0	DID NOT HAVE TO WAIT	AC16A - OWAITUNT
1	DAYS	AC14 - OPDAWDAY
2	WEEKS	AC14 - OPDAWWKS
3	MONTHS	AC14 - OPDAWMOS
	Don't Know	AC16A - OWAITUNT
	Refused	AC16A - OWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDAWUNT	1

FIELD 2: OPDAWDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC16A - OWAITUNT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDAWDAY	1

FIELD 3: OPDAWWKS

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC16A - OWAITUNT

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDAWWKS	1

FIELD 4: OPDAWMOS

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC16A - OWAITUNT

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OPDAWMOS	1

AC16A

Quantity Unit

QUESTION TEXT

[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.

FIELD 1: OWAITUNT

FIELD 1 ROUTING

Value	Label	Route
0	DID NOT HAVE TO WAIT	BOX AC1E
1	HOURS ONLY	AC16A - OWAITHRS
2	MINUTES ONLY	AC16A - OWAITMIN
3	HOURS AND MINUTES	AC16A - OWAITHRS
	Don't Know	BOX AC1E
	Refused	BOX AC1E

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OWAITUNT	1

FIELD 2: OWAITHRS

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	If AC16A - OWAITUNT = 3/HoursAndMinutes, go to AC16A - OWAITMIN. Else go to BOX AC1E.

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OWAITHRS	1

FIELD 3: OWAITMIN

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX AC1E

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.OWAITMIN	1

BOX AC1E

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC17 - NHRESEVR.

ELSE IF AC9-AC16A ASKED WHILE ADMINISTERING OP, GO TO BOX OP7.

ELSE IF (SP HAD AN MP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC20-AC28A1 NOT ALREADY ASKED), GO TO AC20 - MDSPCLTY.

ELSE GO TO BOX AC1G.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Included in this box is logic that handles exiting AC when being called from OP. When administering OP, if the SP reports a current round OP visit, the OP section calls AC9-AC16A. When complete, return to OP.

AC17

Yes/No

QUESTION TEXT

[Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place?

FIELD 1: NHRESEVR

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC18 - NHLRESMM
2	NO	AC19 - MDVISIT
	Don't Know	AC19 - MDVISIT
	Refused	AC19 - MDVISIT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NHRESEVR	1

AC18

Date

QUESTION TEXT

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

FIELD 1: NHLRESMM

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC18 - NHLRESYY
	Don't Know	AC18 - NHLRESYY
	Refused	AC18 - NHLRESYY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NHLRESMM	1

FIELD 2: NHLRESYY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC19 - MDVISIT
	Don't Know	AC19 - MDVISIT
	Refused	AC19 - MDVISIT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NHLRESYY	1

AC19

Yes/No

QUESTION TEXT

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

FIELD 1: MDVISIT

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC20 - MDSPCLTY
2	NO	BOX AC1G
	Don't Know	BOX AC1G
	Refused	BOX AC1G

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDVISIT	1

AC20　　　　　Code 1

QUESTION TEXT

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

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?

FIELD 1: MDSPCLTY

FIELD 1 ROUTING

Value	Label	Route
1	ALLERGY/IMMUNOLOGY	AC21 - MDREAS
2	ANESTHESIOLOGY	AC21 - MDREAS
3	CARDIOLOGY (HEART)	AC21 - MDREAS
5	DERMATOLOGY (SKIN)	AC21 - MDREAS
7	ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID)	AC21 - MDREAS
8	FAMILY PRACTICE	AC21 - MDREAS
9	GASTROENTEROLOGY	AC21 - MDREAS
10	GENERAL PRACTICE	AC21 - MDREAS
11	GENERAL SURGERY	AC21 - MDREAS
12	GERIATRICS (ELDERLY)	AC21 - MDREAS
13	GYNECOLOGY - OBSTETRICS	AC21 - MDREAS
14	HEMATOLOGY (BLOOD)	AC21 - MDREAS
15	HOSPITAL RESIDENCE	AC21 - MDREAS
16	INTERNAL MEDICINE (INTERNIST)	AC21 - MDREAS
17	NEPHROLOGY (KIDNEYS)	AC21 - MDREAS
18	NEUROLOGY	AC21 - MDREAS

Value	Label	Route
19	NUCLEAR MEDICINE	AC21 - MDREAS
20	ONCOLOGY (TUMORS, CANCER)	AC21 - MDREAS
21	OPHTHALMOLOGY (EYES)	AC21 - MDREAS
22	ORTHOPEDICS	AC21 - MDREAS
24	OSTEOPATHY (DO)	AC21 - MDREAS
25	OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)	AC21 - MDREAS
26	PATHOLOGY	AC21 - MDREAS
27	PHYS MED/REHAB	AC21 - MDREAS
28	PLASTIC SURGERY	AC21 - MDREAS
29	PROCTOLOGY	AC21 - MDREAS
30	PSYCHIATRY/PSYCHIATRIST	AC21 - MDREAS
31	PULMONARY (LUNGS)	AC21 - MDREAS
32	RADIOLOGY	AC21 - MDREAS
33	RHEUMATOLOGY (ARTHRITIS)	AC21 - MDREAS
34	THORACIC SURGERY (CHEST)	AC21 - MDREAS
35	UROLOGY	AC21 - MDREAS
91	OTHER DR SPECIALTY	AC20 - MDSPCLOS
	Don't Know	AC21 - MDREAS
	Refused	AC21 - MDREAS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDSPCLTY	1

FIELD 2: MDSPCLOS

OTHER DR SPECIALTY (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC21 - MDREAS

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDSPCLOS	1

AC21

Code All

QUESTION TEXT

What was the reason [you/(SP)] saw the doctor?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: MDREAS

FIELD 1 ROUTING

Value	Label	Route
1	MEDICAL CONDITION NAMED	BOX AC1F
2	TESTS	BOX AC1F
3	FOLLOW-UP	BOX AC1F
4	CHECKUP	BOX AC1F
5	REFERRAL	BOX AC1F
6	SURGERY	BOX AC1F
7	PREVENTIVE SHOT	BOX AC1F
8	TREATMENT SHOT	BOX AC1F
9	TO GET OR REFILL PRESCRIPTION	BOX AC1F
91	OTHER	AC21 - MDOTHOS
	Don't Know	BOX AC1F
	Refused	BOX AC1F

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1/MedCondNamed=ACCS.MDMCOND 2/Tests=ACCS.MDTESTS 3/Followup=ACCS.MDFOLUP 4/Checkup=ACCS.MDCHKUP 5/Referral=ACCS.MDRFRL 6/Surgery=ACCS.MDSURGY 7/PreventiveShot=ACCS.MDPSHOT 8/TreatmentShot=ACCS.MDTSHOT 9/RefillPM=ACCS.MDPMED 91/Other=ACCS.MDOTHER	10

FIELD 2: MDOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX AC1F

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDOTHOS	1

BOX AC1F

<u>BOX INSTRUCTIONS</u>

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC24 - MDAPPT.

ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC22 - MDSCOND.

ELSE GO TO AC24 - MDAPPT.

AC22   Yes/No

QUESTION TEXT

Was that for a specific condition?

FIELD 1: MDSCOND

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC24 - MDAPPT
2	NO	AC24 - MDAPPT
	Don't Know	AC24 - MDAPPT
	Refused	AC24 - MDAPPT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDSCOND	1

AC24

Code 1

QUESTION TEXT

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

FIELD 1: MDAPPT

FIELD 1 ROUTING

Value	Label	Route
1	APPOINTMENT	AC25 - MDDRTEL
2	WALKED IN	AC28A1 - MWAITUNT
	Don't Know	AC28A1 - MWAITUNT
	Refused	AC28A1 - MWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDAPPT	1

AC25

Code 1

QUESTION TEXT

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?

FIELD 1: MDDRTEL

FIELD 1 ROUTING

Value	Label	Route
1	TOLD TO COME BACK DURING EARLIER VISIT	AC28A1 - MWAITUNT
2	CALLED FOR AN APPOINTMENT	AC26 - MDAWUNT
	Don't Know	AC28A1 - MWAITUNT
	Refused	AC28A1 - MWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDDRTEL	1

AC26 Quantity Unit

QUESTION TEXT

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

FIELD 1: MDAWUNT

FIELD 1 ROUTING

Value	Label	Route
0	DID NOT HAVE TO WAIT	AC28A1 - MWAITUNT
1	DAYS	AC26 - MDAWDAY
2	WEEKS	AC26 - MDAWWKS
3	MONTHS	AC26 - MDAWMOS
	Don't Know	AC28A1 - MWAITUNT
	Refused	AC28A1 - MWAITUNT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDAWUNT	1

FIELD 2: MDAWDAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC28A1 - MWAITUNT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDAWDAY	1

FIELD 3: MDAWWKS

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC28A1 - MWAITUNT

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDAWWKS	1

FIELD 4: MDAWMOS

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC28A1 - MWAITUNT

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDAWMOS	1

AC28A1   Quantity Unit

QUESTION TEXT

[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.

FIELD 1: MWAITUNT

FIELD 1 ROUTING

Value	Label	Route
0	DID NOT HAVE TO WAIT	BOX AC1G
1	HOURS ONLY	AC28A1 - MWAITHRS
2	MINUTES ONLY	AC28A1 - MWAITMIN
3	HOURS AND MINUTES	AC28A1 - MWAITHRS
	Don't Know	BOX AC1G
	Refused	BOX AC1G

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MWAITUNT	1

FIELD 2: MWAITHRS

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	If AC28A1 - MWAITUNT = 3/HoursAndMinutes, go to AC28A1 - MWAITMIN. Else go to BOX AC1G.

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MWAITHRS	1

FIELD 3: MWAITMIN

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX AC1G

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MWAITMIN	1

BOX AC1G

BOX INSTRUCTIONS

IF AC20-AC28A1 ASKED WHILE ADMINISTERING MP, GO TO MP18 - MPPRPRAC.

ELSE IF SP HAS A CURRENT MEDICARE MANAGED CARE PLAN, GO TO AC33 - MHREFDIF.

ELSE GO TO BOX AC3.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Included in this box is logic that handles exiting AC when being called from MP. When administering MP, if the SP reports a current round MP visit, the MP section calls AC20-AC28A1. When complete, return to MP,

AC33   Code 1

QUESTION TEXT

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?

FIELD 1: MHREFDIF

FIELD 1 ROUTING

Value	Label	Route
1	YES	AC34A - MHSPCLTY
2	NO	AC36 - MHREFPAY
3	N/A, HAVEN'T TRIED TO OBTAIN REFERRAL	AC36 - MHREFPAY
	Don't Know	AC36 - MHREFPAY
	Refused	AC36 - MHREFPAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MHREFDIF	1

AC34A   Code 1

QUESTION TEXT

What kind of specialist or medical person was this?

FIELD 1: MHSPCLTY

FIELD 1 ROUTING

Value	Label	Route
1	ALLERGY/IMMUNOLOGY	AC35 - MHDIFCLT
3	CARDIOLOGY (HEART)	AC35 - MHDIFCLT
5	DERMATOLOGY (SKIN)	AC35 - MHDIFCLT
7	ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID)	AC35 - MHDIFCLT
9	GASTROENTEROLOGY	AC35 - MHDIFCLT
11	GENERAL SURGERY	AC35 - MHDIFCLT
12	GERIATRICS (ELDERLY)	AC35 - MHDIFCLT
13	GYNECOLOGY - OBSTETRICS	AC35 - MHDIFCLT
14	HEMATOLOGY (BLOOD)	AC35 - MHDIFCLT
16	INTERNAL MEDICINE (INTERNIST)	AC35 - MHDIFCLT
17	NEPHROLOGY (KIDNEYS)	AC35 - MHDIFCLT
18	NEUROLOGY	AC35 - MHDIFCLT
20	ONCOLOGY (TUMORS, CANCER)	AC35 - MHDIFCLT
21	OPHTHALMOLOGY (EYES)	AC35 - MHDIFCLT
22	ORTHOPEDICS	AC35 - MHDIFCLT
24	OSTEOPATHY (DO)	AC35 - MHDIFCLT
25	OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)	AC35 - MHDIFCLT

Value	Label	Route
26	PATHOLOGY	AC35 - MHDIFCLT
27	PHYS MED/REHAB	AC35 - MHDIFCLT
28	PLASTIC SURGERY	AC35 - MHDIFCLT
29	PROCTOLOGY	AC35 - MHDIFCLT
30	PSYCHIATRY/PSYCHIATRIST	AC35 - MHDIFCLT
31	PULMONARY (LUNGS)	AC35 - MHDIFCLT
33	RHEUMATOLOGY (ARTHRITIS)	AC35 - MHDIFCLT
35	UROLOGY	AC35 - MHDIFCLT
36	AUDIOLOGIST	AC35 - MHDIFCLT
37	CHIROPRACTOR	AC35 - MHDIFCLT
38	DENTIST	AC35 - MHDIFCLT
39	OPTOMETRIST	AC35 - MHDIFCLT
40	PHYSICAL THERAPIST	AC35 - MHDIFCLT
41	PSYCHOLOGIST	AC35 - MHDIFCLT
91	OTHER DR SPECIALTY	AC34A - MHSPCLOS
	Don't Know	AC35 - MHDIFCLT
	Refused	AC35 - MHDIFCLT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MHSPCLTY	1

FIELD 2: MHSPCLOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC35 - MHDIFCLT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MHSPCLOS	1

AC35

Code All

QUESTION TEXT

What kind of difficulty did [you/(SP)] have?

[PROBE: Any other difficulty?]

CHECK ALL THAT APPLY.

FIELD 1: MHDIFCLT

FIELD 1 ROUTING

Value	Label	Route
1	PLAN WOULDN'T AUTHORIZE SERVICE	AC36 - MHREFPAY
2	THE WAIT FOR APPOINTMENT WAS TOO LONG	AC36 - MHREFPAY
3	PROVIDER'S LOCATION WAS NOT CONVENIENT	AC36 - MHREFPAY
4	DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE	AC36 - MHREFPAY
5	SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO	AC36 - MHREFPAY
6	PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT	AC36 - MHREFPAY
91	OTHER	AC35 - MHOTHOS
	Don't Know	AC36 - MHREFPAY
	Refused	AC36 - MHREFPAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1/NoAuthorize=ACCS.MHNOAUTH 2/WaitLongAppt=ACCS.MHWAITLG 3/LocateNotConven=ACCS.MHNOCONV 4/NoReferral=ACCS.MHNOREFR 5/DidNotLikeProv=ACCS.MHNOLIKE 6/HoursNotConven=ACCS.MHBADHRS 91/Other=ACCS.MHOTHER	7

FIELD 2: MHOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	AC36 - MHREFPAY

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MHOTHOS	1

AC36

Code 1

QUESTION TEXT

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

FIELD 1: MHREFPAY

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX AC3
2	NO	BOX AC3
3	N/A, HAVEN'T NEEDED EMERGENCY TREATMENT	BOX AC3
	Don't Know	BOX AC3
	Refused	BOX AC3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MHREFPAY	1

BOX AC3

BOX INSTRUCTIONS

GO TO NEXT SECTION