MCBS MAIN STUDY - ROUND 46 – FALL SUPPLEMENT 2006

COMMUNITY COMPONENT

AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO **BOX HFA1**. OTHERWISE, GO TO **BOX AC1A**.

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	a.	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE GO TO ACINTRO. OTHERWISE, GO TO b.
	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. IF SP DID NOT HAVE ANY ER VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO **BOX AC1C**.

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.

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AC6a.   Think about the <u>most recent</u> 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*.

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	a.	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO AC8. OTHERWISE, GO TO b.
	b.	IF AC9-AC16a ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO *BOX AC1E*.
		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.
		IF SP DID NOT HAVE ANY OP VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO *BOX AC1E*.

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)

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AC9.	[I have a few more questions about visits that (you/SP) had <u>in the past</u>.]
Think about the <u>most recent</u> 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 <u>most recent</u> 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	a.	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE GO TO AC17. OTHERWISE, GO TO b.
		*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS <u>AN MP VISIT WHERE MP6a = 2, -7, -8, OR -9</u> **AND** PROVIDER ROSTER SPECIALTY (PROVSPEC) = 2 (MD).
	b.	IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO ***BOX OM1A***.
		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.
		IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO ***BOX AC1G.***

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) <u>last</u> 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 <u>in the past</u>.

[PRESS ENTER TO CONTINUE.]

AC20.   Think about the <u>most recent</u> time (you/SP) saw a medical doctor somewhere <u>other than at home</u> 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
MDRFRL	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	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC24. IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE AND AC21 ≠ 1 OR 6, GO TO AC22. IF SP NOT IN THE SUPPLEMENTAL SAMPLE (INTERVIEW TYPE ≠ 3), GO TO AC24.

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?

	TOLD TO COME BACK DURING		
MDDRTEL	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	a.	NUMBER OF DAYS _____
MDAWWKS	b.	NUMBER OF WEEKS _____
MDAWMOS	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	a.	NUMBER OF HOURS _____
MWAITMIN	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.

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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**.

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

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**.

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