MP. MEDICAL PROVIDER UTILIZATION AND EVENTS   8/1/06 – last revised

Round 2 – First administered   MCBS Comm. (Round 46 Main)

MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

MP. MEDICAL PROVIDER UTILIZATION AND EVENTS

BOX MP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX OM1A**.

MP1.   (Besides what you have already mentioned), [Since (REF. DATE), (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any medical doctors?
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]
[SEE REFERENCE CARD FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY.]

MPPRMDOC   YES 1 (MP2)
                     NO 2 (MP18)
                     REFUSED .... -7 (MP18)
                     DON'T KNOW .... -8 (MP18)

MP2.   Who did (you/SP) see?
         [ENTER ONLY ONE PROVIDER.]
         PROVNAME
         PROVSPEC
         EVNTPROV

BOX MP1	a. SP HAS USED V.A. FACILITIES (HI36 = 1).............................. 1 (b)
	      SP HAS NOT USED V.A. (HI36 ≠ 1) .... 2 **BOX MP2**
	
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 **BOX MP2**
	      "V.A. FLAG" = -1 FOR THIS PROVIDER 2 (MP3)	

MP3.   Is (DOCTOR) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]
         VAPLACE   YES 1
                             NO 2
                             REFUSED .... -7
                             DON'T KNOW .... -8

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BOX MP2	a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) . 1 (b) SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS) .... 2 ***BOX MP2A1*** b. "MANAGED CARE FLAG" = 1 FOR THIS PROVIDER .... 1 ***BOX MP2A1*** "MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER .... 2 (MP5) "MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 3 (MP4)

MP4.   Is (DOCTOR) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC   YES .... 1 ***BOX MP2A1***
                             NO 2 (MP5)
                             REFUSED .... -7 (MP5)
                             DON'T KNOW .... -8 (MP5)

MP5.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER   YES .... 1 ***BOX MP2A1***
                             NO 2 (MP5b)
                             REFUSED .... -7 ***BOX MP2A1***
                             DON'T KNOW .... -8 ***BOX MP2A1***

MP5a OMITTED IN ROUND 44.

MP5b.   What is the most important reason (you/SP) did not see a doctor associated with [READ MANAGED CARE
[HMONO] PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer
         (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS   DIFFICULTY OR DELAY IN GETTING SERVICES 2
               SP PROVIDER PREFERENCE 3
               THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
               NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
               NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
               OTHER (SPECIFY) _____ 91
               REFUSED .... -7
               DON'T KNOW .... -8

BOX MP2A1	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO ***BOX MP2AA***. OTHERWISE, GO TO MP6.

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MP6.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVNTTYPE
EVNTPROV
EVBEGMM
EVBEGDD
EVBEGYY

BOX MP2A OMITTED IN ROUND 44.

MP6a OMITTED IN ROUND 44.

BOX MP2AA	IF MP VISIT MONTH = -7, -8, -9, GO TO **BOX MP2C**.
	
	GO TO MP6b IF THE MP VISIT DATE DOES NOT CONTAIN SHIFT/5 (%) AND:
	    IS EQUAL TO THE ADMISSION OR DISCHARGE DATE OF AN IP VISIT,
	    OR FALLS BETWEEN THE ADMISSION AND DISCHARGE DATES OF AN IP
	    VISIT WHEN IP BEGIN OR END MONTH ≠ -7, -8, -9,
	    OR IP BEGIN MONTH = 95,
	    OR MP VISIT DATE AND IP VISIT DATES HAVE SAME MONTH, BUT MP
	    AND/OR IP DAY OF WEEK = -7, -8, -9.
	
	AND/OR THE MP VISIT DATE:
	    IS EQUAL TO THE DATE OF AN ER VISIT,
	    WHEN ER VISIT MONTH ≠ -7, -8, -9,
	    OR MP VISIT DATE AND ER VISIT DATE HAVE SAME MONTH, BUT MP
	    AND/OR ER DAY OF WEEK = -7, -8, -9,
	
	AND/OR THE MP VISIT DATE:
	    IS EQUAL TO DATE OF AN OP VISIT,
	    WHEN OP VISIT MONTH ≠ -7, -8, -9,
	    OR MP VISIT DATE AND OP VISIT DATE HAVE SAME MONTH, BUT MP
	    AND/OR OP DAY OF WEEK = -7, -8, -9,
	
	OTHERWISE, CYCLE THROUGH **BOX MP2C** - MP16 FOR EACH MP DATE REPORTED.

MP6b.   PROVIDER: (PROVIDER NAME)   EVENT: (MP VISIT DATE)

We have recorded that in (MONTH OF MP VISIT) (you were/SP was) also in [READ EVENT(S) LISTED BELOW]. Was this visit with (MP VISIT PROVIDER) a visit while (you were/SP was) <u>in</u> (the [READ EVENT LISTED BELOW]/any of these places)?

[Emergency Room   (ER EVENT DATE)]
[Hospital as an Inpatient   (ADMIT DATE) – (DISCHARGE DATE/STILL IN HOSPITAL)]
[Outpatient Department   (OP EVENT DATE)]

MPSDVIS	YES	1	**BOX MP2B**
	NO	2	**BOX MP2C**
	REFUSED	-7	**BOX MP2C**
	DON'T KNOW	-8	**BOX MP2C**

BOX MP2B	CODE EVENT TYPE AS "SD" EVENT. IF MORE DATES, GO TO **BOX MP2AA**. OTHERWISE, GO TO **BOX MP6(b**).

BOX MP2C	IF EVENT ENTERED IN MP OR MP EVENT ENTERED IN ST/NS/CT/UTS AND PROVIDER'S SPECIALTY = 1, 91, -7, -8, -9, 2, 16, 17, 18, 20, 21, GO TO MP7. IF EVENT ENTERED IN ST/NS/CT/UTS AND ANY OTHER PROVIDER SPECIALTY TYPE, GO TO MP10.

MP7.   Were any operations or other surgical procedures performed on (you/SP) during [the visit on (FIRST/NEXT VISIT DATE)/any of the [(RVTIMES)] visits in (EVBEGMM EVBEGYY)]?
[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

YES	....	1	(MP8)
NO	....	2	(MP10)
REFUSED	....	-7	(MP10)
DON'T KNOW	....	-8	(MP10)

MP8.   What was the name of the operation or other surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC   OPERATION 1: _____
                                       OPERATION 2: _____
                                       OPERATION 3: _____

MP9.   What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]
CONDTION

BOX MP3	GO TO **BOX MP2D**.

MP10.   (Was this visit/were any of these visits) to (PROVIDER) for any specific condition?

SPECCOND

YES	....	1	(MP11)
NO	....	2	**BOX MP2D**
DON'T KNOW	....	-8	**BOX MP2D**

MP11.   What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

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BOX MP2D	IF THIS VISIT ADDED THROUGH MP1, MP18, MP26, MP34, MP42 OR MP50, GO TO MP12. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO **BOX MP4**.

MP12.   During (this visit/any of these visits) to (PROVIDER), were any medicines prescribed for (you/SP)?

PRESMDCN

YES	....	1	(MP13)
NO	....	2	**BOX MP4**
REFUSED	....	-7	**BOX MP4**
DON'T KNOW	....	-8	**BOX MP4**

MP13.   Were any of the prescriptions filled?
[PRESFILL]

PRESFILL

YES	....	1	**BOX MP3A**
NO	....	2	**BOX MP4**
REFUSED	....	-7	**BOX MP4**
DON'T KNOW	....	-8	**BOX MP4**

BOX MP3A	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO MP14. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO MP13a. OTHERWISE, GO TO MP14.

MP13a.   It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell
[GETMEDS] the medicine name correctly and enter the strength of the medicine. [IF RESPONDENT HAS BOTTLE, ASK:] I'll
        need that same information for all of the medicines (you/SP) obtained since the last interview, if you'd like to get
        those bottles, too.

[PRESS ENTER TO CONTINUE.]

MP14.   Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH
        NAME.]
        PMEDNAME
        PMROTYPE

BOX MP4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS PROVIDER IS: 0.. (GO TO **BOX MP6(b)**) 1-4 .... (RETURN TO **BOX MP2AA**/MP7/MP10 FOR NEXT VISIT) 5 OR MORE .... (**BOX MP5**)

BOX MP5	IF MP7 = 1 FOR THIS VISIT, RETURN TO MP7/MP10 FOR NEXT VISIT. IF MP 7 = -1, 2, -7 OR -8 AND MP10 = 1, GO TO MP15. IF MP7 = -1, 2, -7 OR -8 AND MP10 = 2, -7 OR -8, GO TO MP7/MP10 FOR NEXT VISIT.

MP15.   You told me that (you/SP) also went to (PROVIDER) on [READ DATES BELOW]. Were any of these visits made for the same condition as the one you've just told me about?

SAMEREAS

YES	1	(MP16)
NO	2	(MP7/MP10 FOR NEXT VISIT)
REFUSED	-7	(MP7/MP10 FOR NEXT VISIT)
DON'T KNOW	-8	(MP7/MP10 FOR NEXT VISIT)

MP16.   Which visits were the same? What were the dates? [ENTER ALL DATES.]
EVNTLINK

BOX MP6	a.	FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO ***BOX MP2AA*** /MP7/MP10 FOR NEXT UNFLAGGED VISIT.
	b.	IF THIS VISIT ADDED THROUGH MP1/MP18/MP26/MP34/MP42/MP50, GO TO MP17/MP25/MP33/MP41/MP49/MP56. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO ***BOX ST12*** . IF THIS VISIT ADDED THROUGH NS, GO TO ***BOX NS11***.

MP17.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any <u>other</u> visits to this doctor or any other medical doctor?

TEMP

YES	1	(MP2)
NO	2	***BOX MP6A***
REFUSED	-7	***BOX MP6A***
DON'T KNOW	-8	***BOX MP6A***

BOX MP6A	IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO MP18. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO MP VISITS FOR THIS ROUND, GO TO MP18. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO MP18. FOR THE FOLLOWING: MOST RECENT MP VISIT IS AN MP VISIT WHERE MP6b = 2 OR MISSING **AND** PROVIDER ROSTER SPECIALTY (PROVSPEC) = 2. GO TO AC20, AC21, AC24-AC28b FOR MOST RECENT MP VISIT.

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

AC22 OMITTED IN ROUND 1.

AC23 OMITTED IN ROUND 7.

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 APPOINTMENT	2	(AC26)
	REFUSED	-7	(AC28a1)
	DON'T KNOW	-8	(AC28a1)

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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 <u>most recent</u> 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	(MP18)
	HOURS ONLY	....	1	(a)
	MINUTES ONLY	....	2	(b)
	HOURS AND MINUTES	....	3	(a & b)
	REFUSED	....	-7	(MP18)
	DON'T KNOW	....	-8	(MP18)
MWAITHRS	a.	NUMBER OF HOURS _____		
MWAITMIN	b.	NUMBER OF MINUTES _____	GO TO MP18	

BOX MP6B OMITTED IN ROUND 43.

AC28a OMITTED IN ROUND 43.

AC28b OMITTED IN ROUND 43.

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MP18.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a health practitioner like any of the ones listed on this card?   [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

SHOW CARD MP1	**MPPRPRAC**

YES 1 (MP19)
NO 2 (MP26)
REFUSED .... -7 (MP26)
DON'T KNOW .... -8 (MP26)

MP19.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP6C	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP19 (PROVSPEC = -1 FOR MP19 PROVIDER), GO TO MP20. OTHERWISE, GO TO ***BOX MP7***.

MP20.   What kind of health practitioner is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP7	a.	SP HAS USED V.A. FACILITIES (HI36 = 1)............................... 1 (b)
		SP HAS NOT USED V.A. (HI36 ≠ 1)... 2 ***BOX MP8***
	b.	"V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 ***BOX MP8***
		"V.A. FLAG" = -1 FOR THIS PROVIDER 2 (MP21)

MP21.   Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

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BOX MP8	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN) .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS) 2 (MP24)
	b.	"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER 1 (MP24)
		"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER 2 (MP23)
		"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 3 (MP22)

MP22.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

HMOASSOC

YES 1 (MP24)
NO 2 (MP23)
REFUSED .... -7 (MP23)
DON'T KNOW .... -8 (MP23)

MP23.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 (MP24)
NO 2 (MP23b)
REFUSED .... -7 (MP24)
DON'T KNOW .... -8 (MP24)

MP23a OMITTED IN ROUND 44.

MP23b.   What is the most important reason (you/SP) did not see a health practitioner associated with [READ MANAGED
[HMONO]   CARE PLAN NAME(S) BELOW] or a health practitioner that [READ MANAGED CARE PLAN NAME(S) BELOW]
         would refer (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS   DIFFICULTY OR DELAY IN GETTING SERVICES 2
               SP PROVIDER PREFERENCE 3
               THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
               NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
               NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
               OTHER (SPECIFY) _____ 91
               REFUSED .... -7
               DON'T KNOW .... -8

MP24.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/Between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         EVBEGMM
         EVBEGDD
         EVBEGYY

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BOX MP9	FOR EACH VISIT DATE REPORTED AT MP24: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, OR 34, THEN ASK MP10-MP16. OTHERWISE ASK MP7 - MP16 . FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP25.

MP25.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any <u>other</u> visits to this practitioner or any other health practitioner?

TEMP
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YES ............................................................  1  (MP19)
NO ..............................................................  2  (MP26)
REFUSED ....................................................  -7  (MP26)
DON'T KNOW .............................................  -8  (MP26)
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MP26.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a mental health professional like any of the ones listed on this card?   [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.]

SHOW CARD MP2	**MPPRMENT**	YES .... 1 (MP27) NO .... 2 (MP34) REFUSED .... -7 (MP34) DON'T KNOW .... -8 (MP34)

MP27.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP9A	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP27 (PROVSPEC = -1 FOR MP27 PROVIDER), GO TO MP28. OTHERWISE, GO TO ***BOX MP10***.

MP28.   What kind of mental health professional is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP10	a. SP HAS USED V.A. FACILITIES (HI36 = 1) .... 1 (b)
	       SP HAS NOT USED V.A. (HI36 ≠ 1) .... 2 ***BOX MP11***
	
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 ***BOX MP11***
	       "V.A. FLAG" = -1 FOR THIS PROVIDER 2 (MP29)	

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MP29.　Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE

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

BOX MP11	a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)	1 (b)
	SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS)..	2 (MP32)
	b. "MANAGED CARE FLAG" = 1 FOR THIS PROVIDER	1 (MP32)
	"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER	2 (MP31)
	"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER	3 (MP30)

MP30.　Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES	1	(MP32)
NO	2	(MP31)
REFUSED	-7	(MP31)
DON'T KNOW	-8	(MP31)

MP31.　(Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES	1	(MP32)
NO	2	(MP31b)
REFUSED	-7	(MP32)
DON'T KNOW	-8	(MP32)

MP31a OMITTED IN ROUND 44.

MP31b.　What is the most important reason (you/SP) did not see a mental health professional associated with [READ
[HMONO]　MANAGED CARE PLAN NAME(S) BELOW] or a mental health professional that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

NOGOHMO	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
NOGOHMOS	DIFFICULTY OR DELAY IN GETTING SERVICES	2
	SP PROVIDER PREFERENCE	3
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	4
	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	5
	NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA.	6
	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

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MP32.　When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM
EVBEGDD
EVBEGYY

BOX MP12	FOR EACH VISIT DATE REPORTED AT MP32: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, or 34, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP33.

MP33.　[Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any <u>other</u> visits to this professional or any other mental health professional?

TEMP

YES .... 1　(MP27)
NO .... 2　(MP34)
REFUSED .... -7　(MP34)
DON'T KNOW .... -8　(MP34)

MP34.　(Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]

SHOW CARD MP3	**MPPRTHER**	YES .... 1　(MP35) NO .... 2　(MP42) REFUSED .... -7　(MP42) DON'T KNOW .... -8　(MP42)

MP35.　Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP12A	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP35 (PROVSPEC = -1 FOR MP35 PROVIDER), GO TO MP36. OTHERWISE, GO TO ***BOX MP13***.

MP36.　What kind of therapist is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP13	a.	SP HAS USED V.A. FACILITIES (HI36 = 1) .... 1 (b)
		SP HAS NOT USED V.A. (HI36 ≠ 1) .... 2 *BOX MP14*
	b.	"V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 *BOX MP14*
		"V.A. FLAG" = -1 FOR THIS PROVIDER 2 (MP37)

MP37. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

BOX MP14	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN) .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS)... 2 (MP40)
	b.	"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER 1 (MP40)
		"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER 2 (MP39)
		"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 3 (MP38)

MP38. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC   YES 1 (MP40)
                     NO 2 (MP39)
                     REFUSED .... -7 (MP39)
                     DON'T KNOW .... -8 (MP39)

MP39. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER   YES 1 (MP40)
                     NO 2 (MP39b)
                     REFUSED .... -7 (MP40)
                     DON'T KNOW .... -8 (MP40)

MP39a OMITTED IN ROUND 44.

MP39b.   What is the most important reason (you/SP) did not see a therapist associated with [READ MANAGED CARE
[HMONO] PLAN NAME(S) BELOW] or a therapist that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer
          (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS   DIFFICULTY OR DELAY IN GETTING SERVICES 2
                  SP PROVIDER PREFERENCE 3
                  THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
                  NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
                  NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
                  OTHER (SPECIFY) _____ 91
                  REFUSED .... -7
                  DON'T KNOW .... -8

MP40.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
          ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
          [ENTER ALL DATES.]
          EVBEGMM
          EVBEGDD
          EVBEGYY

BOX MP15	FOR EACH VISIT DATE REPORTED AT MP40: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, or 34, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP41.

MP41.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
          INSTITUTIONALIZATION)], did (you/SP) have any other visits to this therapist or any other therapist?

TEMP   YES 1 (MP35)
                                 NO 2 (MP42)
                                 REFUSED .... -7 (MP42)
                                 DON'T KNOW .... -8 (MP42)

MP42.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS
          ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any
          other medical persons like the ones listed on this card? [Other medical persons include nurse, paramedic, and
          physician's assistant.]
          [INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE
          SERVICES WERE PROVIDED.]

SHOW CARD MP4	**MPPRPERS**	YES 1 (MP43)
		NO 2 (MP50)
		REFUSED .... -7 (MP50)
		DON'T KNOW .... -8 (MP50)

MP. MEDICAL PROVIDER UTILIZATION AND EVENTS

8/1/06 – last revised
MCBS Comm. (Round 46 Main)

MP43.　Who did (you/SP) see?
　　　　[ENTER ONLY ONE PROVIDER.]
　　　　PROVNAME

BOX MP15A	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP43 (PROVSPEC = -1 FOR MP43 PROVIDER), GO TO MP44. OTHERWISE, GO TO **BOX MP16**.

MP44.　What kind of medical person is (PROVIDER)?
　　　　PROVSPEC
　　　　PROVSPOS

BOX MP16	a.　SP HAS USED V.A. FACILITIES (HI36 = 1)	1　(b)
	SP HAS NOT USED V.A. (HI36 ≠ 1)	2　**BOX MP17**
	b.　"V.A. FLAG" ≠ -1 FOR THIS PROVIDER	1　**BOX MP17**
	"V.A. FLAG" = -1 FOR THIS PROVIDER	2　(MP45)

MP45.　Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]
　　　　VAPLACE　　　　　　　YES .... 　1
　　　　　　　　　　　　　　　　　NO .... 　2
　　　　　　　　　　　　　　　　　REFUSED .... -7
　　　　　　　　　　　　　　　　　DON'T KNOW .... -8

BOX MP17	a.　SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN	1　(b)
	SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS)..	2　(MP48)
	b.　"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER	1　(MP48)
	"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER	2　(MP47)
	"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER	3　(MP46)

MP46.　Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]
　　　　HMOASSOC　　　　　　YES .... 　1　(MP48)
　　　　　　　　　　　　　　　　　NO .... 　2　(MP47)
　　　　　　　　　　　　　　　　　REFUSED .... -7　(MP47)
　　　　　　　　　　　　　　　　　DON'T KNOW .... -8　(MP47)

MP47.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

        HMOREFER   YES 1   (MP48)
                                            NO 2   (MP47b)
                                            REFUSED .... -7   (MP48)
                                            DON'T KNOW .... -8   (MP48)

MP47a OMITTED IN ROUND 44.

MP47b.   What is the most important reason (you/SP) did not see a medical person associated with [READ MANAGED
[HMONO]   CARE PLAN NAME(S) BELOW] or a medical person that [READ MANAGED CARE PLAN NAME(S) BELOW]
          would refer (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS   DIFFICULTY OR DELAY IN GETTING SERVICES 2
              SP PROVIDER PREFERENCE 3
              THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
              NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
              NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
              OTHER (SPECIFY) _____ 91
              REFUSED .... -7
              DON'T KNOW .... -8

MP48.   When did (you/SP) see (PROVIDER)? Please tell me all the dates since (REF. DATE)?
          [ENTER ALL DATES.]
          EVBEGMM
          EVBEGDD
          EVBEGYY

BOX MP18	FOR EACH VISIT DATE REPORTED AT MP48: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, or 34, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP49.

MP49.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
          INSTITUTIONALIZATION)], did (you/SP) have any other visits to this person or any other medical person?

        TEMP   YES 1   (MP43)
                                              NO 2   (MP50)
                                            REFUSED .... -7   (MP50)
                                                DON'T KNOW .... -8   (MP50)

MP50.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) visited/Between (PREVIOUS
          ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) visit] any
          other types of medical places like the ones listed on this card? [Other types of medical places include health

clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

SHOW CARD MP5	**MPPRPLAC**	YES 1 (MP51)
		NO .... 2 *BOX OM1A*
		REFUSED .... -7 *BOX OM1A*
		DON'T KNOW .... -8 *BOX OM1A*

MP51.   What is the name of the other medical place that (you/SP) visited during this time?
         [ENTER ONLY ONE PROVIDER.]
         PROVNAME
         PROVTYPE

BOX MP19	a.	SP HAS USED V.A. FACILITIES (HI36 = 1) .... 1 (b)
		SP HAS NOT USED V.A. (HI36 ≠ 1) .... 2 *BOX MP20*
	b.	"V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 *BOX MP20*
		"V.A. FLAG" = -1 FOR THIS PROVIDER 2 (MP52)

MP52.   Is (PLACE) associated with a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

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

BOX MP20	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN) .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS).. 2 (MP55)
	b.	"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER 1 (MP55)
		"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER 2 (MP54)
		"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 3 (MP53)

MP53.   Is (PLACE) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC	YES 1 (MP55)
	NO 2 (MP54)
	REFUSED .... -7 (MP54)
	DON'T KNOW .... -8 (MP54)

MP54.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER	YES	1	(MP55)
	NO	2	(MP54b)
	REFUSED	-7	(MP55)
	DON'T KNOW	-8	(MP55)

MP54a OMITTED IN ROUND 44.

MP54b.   What is the most important reason (you/SP) did not go to a medical place associated with [READ MANAGED
[HMONO]   CARE PLAN NAME(S) BELOW] or a medical place that [READ MANAGED CARE PLAN NAME(S) BELOW]
          would refer (you/SP) to?

NOGOHMO	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
NOGOHMOS	DIFFICULTY OR DELAY IN GETTING SERVICES	2
	SP PROVIDER PREFERENCE	3
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	4
	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	5
	NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA.	6
	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

MP55.   When did (you/SP) visit (PLACE)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         EVBEGMM
         EVBEGDD
         EVBEGYY

BOX MP21	ASK MP7 - MP16 FOR EACH VISIT DATE REPORTED AT MP55. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP56.

MP56.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)], did (you/SP) have any other visits to this place or any other type of medical place?

TEMP	YES	1	(MP51)
	NO	2	***BOX OM1A***
	REFUSED	-7	***BOX OM1A***
	DON'T KNOW	-8	***BOX OM1A***

Attachment MP1 (MEDICAL PROVIDER TYPE LIST) moved to General Programming Specifications as Attachment 6.

Attachment MP2 (MD SPECIALTY CODE LIST) moved to General Programming Specifications as Attachment 7.

MP Addendum

Segments: EVNT
PMRO
XMED
SURG
PROV
COND
XCON
HRND
ACCS

BOX MP1, BOX MP7, BOX MP10, BOX MP13, BOX MP16, BOX MP19:
- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX MP2, BOX MP8, BOX MP11, BOX MP14, BOX MP17, BOX MP20:
- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1