

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			ACCESS TO CARE QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> If INTTYE in(C001, C002, C004, C005, C006), administer after MPQ. If INTTYE in(C003), administer after PVQ.		
	BOX AC1AA	routing	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.		
ACINT	ACINTRO	no entry	The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE).		AC1 - ERVISIT
ERVISIT	AC1	yes/no	Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) AC6A - EWAITUNT (02) AC8 - OPDVISIT (-8) AC8 - OPDVISIT (-9) AC8 - OPDVISIT
EWAITUNT	AC6A	code one	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.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused	(00) BOX AC1B (01) AC6A - EWAITHRS (02) AC6A - EWAITMIN (03) AC6A - EWAITHRS (-8) BOX AC1B (-9) BOX AC1B
EWAITHRS	AC6A	numeric	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.	(01) continuous answer	If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to BOX AC1B.
EWAITMIN	AC6A	numeric	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.	(01) continuous answer	BOX AC1B
	BOX AC1B	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7 - ERADMT. ELSE GO TO BOX AC1C.		
ERADMT	AC7	yes/no	[Were you/Was (SP)] admitted to the hospital from the emergency room? [PROBE IF NECESSARY TO DETERMINE IF THE RESPONDENT WAS ACTUALLY ADMITTED OR ASK TO SEE THE HOSPITAL BILL TO MAKE THE DETERMINATION.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX AC1C
	BOX AC1C	routing	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.		
OPDVISIT	AC8	yes/no	Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) AC9 - OPDREAS (02) AC17 - NHRESEVR (-8) AC17 - NHRESEVR (-9) AC17 - NHRESEVR
OPDREAS	AC9	code all	[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 FOR THE MOST RECENT VISIT IF RESPONDENT MENTIONS MORE THAN ONE. IF NEEDED, PROBE WITH 'What did you have done during your most recent visit to the hospital clinic or outpatient department?' SELECT ALL THAT APPLY.] [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX AC1D (02) BOX AC1D (03) BOX AC1D (04) BOX AC1D (05) BOX AC1D (06) BOX AC1D (07) BOX AC1D (08) BOX AC1D (09) BOX AC1D (91) AC9 - OPDOTHOS (-8) BOX AC1D (-9) BOX AC1D
OPDOTHOS	AC9	verbatim text	OTHER (SPECIFY)	(01) continuous answer	BOX AC1D
	BOX AC1D	routing	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.		
OPDSCOND	AC10	yes/no	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	AC12 - OPDAPPT

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OPDAPPT	AC12	code one	Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused	(01) AC13 - OPDDRTEL (02) AC16A - OWAITUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDDRTEL	AC13	code one	We are interested in knowing how the appointment was made for the visit to the hospital clinic or outpatient department you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the hospital clinic or outpatient department to set up the appointment ?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused	(01) AC16A - OWAITUNT (02) AC14 - OPDAWUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDAWUNT	AC14	code one	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused	(00) AC16A - OWAITUNT (01) AC14 - OPDAWDAY (02) AC14 - OPDAWWKS (03) AC14 - OPDAWMOS (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDAWDAY	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OPDAWWKS	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OPDAWMOS	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OWAITUNT	AC16A	code one	[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.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused	(00) BOX AC1E (01) AC16A - OWAITHRS (02) AC16A - OWAITMIN (03) AC16A - OWAITHRS (-8) BOX AC1E (-9) BOX AC1E
OWAITHRS	AC16A	numeric	[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.	(01) continuous answer	If AC16A - OWAITUNT = 3/HoursAndMinutes, go to AC16A - OWAITMIN. Else go to BOX AC1E.
OWAITMIN	AC16A	numeric	[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.	(01) continuous answer	BOX AC1E
	BOX AC1E	routing	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.		
NHRESEVR	AC17	yes/no	[Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) AC18 - NHLRESMM (02) AC19 - MDVISIT (03) AC19 - MDVISIT (04) AC19 - MDVISIT
NHLRESMM	AC18	date	When [were you/was (SP)] last a resident or patient in a nursing home or similar place?	(01) continuous answer (-8) Don't Know (-9) Refused	AC18 - NHLRESYY
NHLRESYY	AC18	date	When [were you/was (SP)] last a resident or patient in a nursing home or similar place?	(01) continuous answer (-8) Don't Know (-9) Refused	AC19- MDVISIT
MDVISIT	AC19	yes/no	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. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.']	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) AC20 - MDSPCLTY (02) BOX AC1G (-8) BOX AC1G (-9) BOX AC1G

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MDSPCLTY	AC20	code one	SHOW CARD AC1 [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? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]	(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID) (08) FAMILY PRACTICE (09) GASTROENTEROLOGY (10) GENERAL PRACTICE (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (15) HOSPITAL RESIDENCE (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (19) NUCLEAR MEDICINE (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (36) PAIN MANAGEMENT SPECIALIST (26) PATHOLOGY (27) PHYS MED/REHAB (37) PHYSICIAN'S ASSISTANT (28) PLASTIC SURGERY (38) PODIATRIST (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (39) VASCULAR SURGEON/SPECIALIST (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused	(01) AC21 - MDREAS (02) AC21 - MDREAS (03) AC21 - MDREAS (05) AC21 - MDREAS (07) AC21 - MDREAS (08) AC21 - MDREAS (09) AC21 - MDREAS (10) AC21 - MDREAS (11) AC21 - MDREAS (12) AC21 - MDREAS (13) AC21 - MDREAS (14) AC21 - MDREAS (15) AC21 - MDREAS (16) AC21 - MDREAS (17) AC21 - MDREAS (18) AC21 - MDREAS (19) AC21 - MDREAS (20) AC21 - MDREAS (21) AC21 - MDREAS (22) AC21 - MDREAS (24) AC21 - MDREAS (25) AC21 - MDREAS (36) AC21 - MDREAS (26) AC21 - MDREAS (27) AC21 - MDREAS (37) AC21 - MDREAS (28) AC21 - MDREAS (38) AC21 - MDREAS (29) AC21 - MDREAS (30) AC21 - MDREAS (31) AC21 - MDREAS (32) AC21 - MDREAS (33) AC21 - MDREAS (34) AC21 - MDREAS (35) AC21 - MDREAS (39) AC21 - MDREAS (91) AC20 - MDSPCLOS (-8) AC21 - MDREAS (-9) AC21 - MDREAS
MDSPCLOS	AC20	verbatim text	OTHER DR SPECIALTY (SPECIFY)	(01) continuous answer	AC21 - MDREAS
MDREAS	AC21	code all	What was the reason [you/(SP)] saw the doctor? [PROBE: 'What did you have done during the visit?' IF RESPONDENT DOES NOT UNDERSTAND WHAT IS BEING ASKED. PROBE: 'Any other reason?' TO OBTAIN ALL REASONS.] CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX AC1F (02) BOX AC1F (03) BOX AC1F (04) BOX AC1F (05) BOX AC1F (06) BOX AC1F (07) BOX AC1F (08) BOX AC1F (09) BOX AC1F (91) AC21 - MDOTHOS (-8) BOX AC1F (-9) BOX AC1F
MDREAS	AC21	verbatim text	OTHER (SPECIFY)	(01) continuous answer	BOX AC1F
	BOX AC1F	routing	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.		
MDSCOND	AC22	yes/no	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	AC24 - MDAPPT
MDAPPT	AC24	code one	Did [you/(SP)] have an appointment for this visit with the doctor, or did (you/he/she) just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused	(01) AC25 - MDDRTEL (02) AC28A1 - MWAITUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT
MDDRTEL	AC25	code one	We are interested in knowing how the appointment was made for the visit to the doctor's office you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the doctor's office to set up the appointment?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused	(01) AC28A1 - MWAITUNT (02) AC26 - MDAWUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT

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MDAWUNT	AC26	code one	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused	(00) AC28A1 - MWAITUNT (01) AC26 - MDAWDAY (02) AC26 - MDAWWKS (03) AC26 - MDAWMOS (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT
MDAWDAY	AC26	numeric	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer	AC28A1 - MWAITUNT
MDAWWKS	AC26	numeric	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer	AC28A1 - MWAITUNT
MDAWMOS	AC26	numeric	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer	AC28A1 - MWAITUNT
MWAITUNT	AC28A1	code one	[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.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused	(00) BOX AC1G (01) AC28A1 - MWAITHRS (02) AC28A1 - MWAITMIN (03) AC28A1 - MWAITHRS (-8) BOX AC1G (-9) BOX AC1G
MWAITHRS	AC28A1	numeric	[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.	(01) continuous answer	If AC28A1 - MWAITUNT = 3/HoursAndMinutes, go to AC28A1 - MWAITMIN. Else go to BOX AC1G.
MWAITMIN	AC28A1	numeric	[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.	(01) continuous answer	BOX AC1G
	BOX AC1G	routing	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.		
MHREFDIF	AC33	code one	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? [IF NECESSARY, SAY: 'The referral must have been for services provided by a specialist or medical provider who is associated with your Medicare Managed Care plan, not a specialist or medical provider who is "outside" of the plan.']	(01) YES (02) NO (03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL (-8) Don't Know (-9) Refused	(01) AC34A - MHSPCLTY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MHSPCLTY	AC34A	code one	SHOW CARD AC1 What kind of specialist or medical person was this? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]	(01) ALLERGY/IMMUNOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID) (09) GASTROENTEROLOGY (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (33) RHEUMATOLOGY (ARTHRITIS) (35) UROLOGY (36) AUDIOLOGIST (37) CHIROPRACTOR (38) DENTIST (39) OPTOMETRIST (40) PHYSICAL THERAPIST (41) PSYCHOLOGIST (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused	(01) AC35 - MHDIFCLT (03) AC35 - MHDIFCLT (05) AC35 - MHDIFCLT (07) AC35 - MHDIFCLT (09) AC35 - MHDIFCLT (11) AC35 - MHDIFCLT (12) AC35 - MHDIFCLT (13) AC35 - MHDIFCLT (14) AC35 - MHDIFCLT (16) AC35 - MHDIFCLT (17) AC35 - MHDIFCLT (18) AC35 - MHDIFCLT (20) AC35 - MHDIFCLT (21) AC35 - MHDIFCLT (22) AC35 - MHDIFCLT (24) AC35 - MHDIFCLT (25) AC35 - MHDIFCLT (26) AC35 - MHDIFCLT (27) AC35 - MHDIFCLT (28) AC35 - MHDIFCLT (29) AC35 - MHDIFCLT (30) AC35 - MHDIFCLT (31) AC35 - MHDIFCLT (33) AC35 - MHDIFCLT (35) AC35 - MHDIFCLT (36) AC35 - MHDIFCLT (37) AC35 - MHDIFCLT (38) AC35 - MHDIFCLT (39) AC35 - MHDIFCLT (40) AC35 - MHDIFCLT (41) AC35 - MHDIFCLT (91) AC34A - MHSPCLOS (-8) AC35 - MHDIFCLT (-9) AC35 - MHDIFCLT
MHSPCLOS	AC34A	verbatim text	OTHER (SPECIFY)	(01) continuous answer	AC35 - MHDIFCLT
MHDIFCLT	AC35	code all	What kind of difficulty did [you/(SP)] have? [PROBE: Any other difficulty?] CHECK ALL THAT APPLY.	(01) PLAN WOULDN'T AUTHORIZE SERVICE (02) THE WAIT FOR APPOINTMENT WAS TOO LONG (03) PROVIDER'S LOCATION WAS NOT CONVENIENT (04) DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE (05) SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO (06) PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT (91) OTHER (-8) Don't Know (-9) Refused	(01) AC36 - MHREFFPAY (02) AC36 - MHREFFPAY (03) AC36 - MHREFFPAY (04) AC36 - MHREFFPAY (05) AC36 - MHREFFPAY (06) AC36 - MHREFFPAY (91) AC35 - MHOTHOS (-8) AC36 - MHREFFPAY (-9) AC36 - MHREFFPAY
MHOTHOS	AC35	verbatim text	OTHER (SPECIFY)	(01) continuous answer	AC36 - MHREFFPAY
MHREFFPAY	AC36	code one	Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary? ['EMERGENCY TREATMENT' REFERS TO URGENTLY NEEDED MEDICAL CARE THAT IS REQUIRED WHEN THE BENEFICIARY IS OUTSIDE OF THE PLAN'S SERVICE AREA OR WHEN THE CARE IS REQUIRED DURING A TIME THAT IS OUTSIDE THE PLAN'S NORMAL OPERATING HOURS.]	(01) YES (02) NO (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT (-8) Don't Know (-9) Refused	BOX AC3
	BOX AC3	routing	IF INTTYPE in(C001, C002, C004, C005, C006), GO TO OMQ. IF INTTYPE in(C003), GO TO HFQ.		