

IN. HEALTH INSURANCE QUESTIONNAIRE

(BASELINE ONLY)

IN1PRE1 omitted.

IN1PRE2

The following questions are about {SP's} health insurance.

PRESS ENTER TO CONTINUE.

| | |
|---------|---|
| BOX IN3 | <p>If Baseline: If HA47=-7,-8,-5, or -1 or if EX23A=-7,-8,-5, or -1, go to IN1. Else, go to IN5A.</p> <p>Else: The last time IN was administered: If IN1 or IN1A = 0, 2, or -8 and EX23A or HA47 = -8, -5, or -1; or If IN1 = 1 and IN6 not = 1; Go to IN1A. If Round 20, go to IN5A. Else, go to IN18.</p> |
|---------|---|

IN1

Has {SP} ever been covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}?

YES 1 (IN2)
 NO 0 (BOX IN7)
 PENDING..... 2 (BOX IN7)
 DK -8 (BOX IN7)
 RF..... -7 (BOX IN7)

IN1A

{The last time we asked about {SP's} health insurance, {he/she} was not covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}}. Is {SP} now covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}}?

YES 1
 NO 0 (BOX IN5)
 PENDING 2 (BOX IN5)
 DK -8 (BOX IN5)
 RF..... -7 (BOX IN5)

IN2

Do you have a document that shows {SP's} most current {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?

YES 1
 NO 0
 DK -8
 RF -7

IN3

{Please read me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the document/Please tell me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number.}

 MEDICAID ID NUMBER

DK..... -8 (IN5A)
 RF..... -7 (IN5A)

IN4

I'd like to verify the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID ID NUMBER}. Is this correct?

YES..... 1 (IN5A)
 NO 0

IN5

Let me enter it again. (What {is/was} {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

 MEDICAID ID NUMBER

(IN4)

DK..... -8
 RF..... -7

IN5A

Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. {Is/Was} {SP} enrolled in a {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} HMO?

YES 1
 NO 0
 DK..... -8
 RF..... -7

| | |
|----------|---|
| BOX IN3A | If baseline, continue. If coming from IN1A, go to IN9. Else, go to BOX IN5. |
|----------|---|

IN6

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} {on September 1, {YEAR}/when {she/he} was admitted to {FACILITY}/{FAD/RAD UNIT} on {FAD/RAD}}?

YES..... 1
 NO 0 (BOX IN7)
 DK..... -8 (BOX IN7)
 RF..... -7 (BOX IN7)

IN7

In what year was {she/he} first covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}?

YEAR ()

| | |
|---------|---|
| BOX IN4 | If IN7=-7 or -8, go to IN10. If IN7YR>92, go to IN9. Else, go to Box IN5. |
|---------|---|

IN9

In what month did {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} begin?

SELECT ONLY ONE.

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

| | |
|---------|--|
| BOX IN5 | If baseline: If (IN7YR) \neq FAD/RAD, go to BOX IN7; else, go to IN10. Else: If Round 20 and SP is CFR, go to INEND. Else, go to IN18. |
|---------|--|

IN10

Please look at this card and tell me where {SP} was living {in {DATE FROM IN7/IN9.}/{when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID))} coverage first began.}

| |
|---------------------|
| SHOW CARD IN1 |
|---------------------|

| | | |
|--|----|-----------|
| IN THIS FACILITY | 1 | |
| OTHER NURSING HOME/REHAB CENTER | 2 | (BOX IN7) |
| PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY | 3 | (BOX IN7) |
| CCRC/RETIREMENT HOME/CENTER | 4 | (BOX IN7) |
| HOSPITAL | 5 | (BOX IN7) |
| PRIVATE HOME OR APARTMENT | 6 | (BOX IN7) |
| OTHER LTC FACILITY..... | 7 | (BOX IN7) |
| OTHER (SPECIFY)..... | 91 | (BOX IN7) |

| | |
|---------|--|
| BOX IN6 | If FACILITY has more than one part, continue; else, go to BOX IN7. |
|---------|--|

IN11

In which part of {LARGER FACILITY} did {he/she} live {when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID))} coverage first began.}?

PROBE: Is it [READ NAMES FROM PLACE ROSTER]?

USE ARROW KEYS. TO SELECT, PRESS ENTER.
TO EXIT, PRESS ESC.

| | |
|---------|---|
| BOX IN7 | If HA44A = 0 and HA44B (Medicare number) -7 or -8, or HA44A = 1, go to IN13; Else, continue. |
|---------|---|

IN12A

Our records show that {SP} is covered by Medicare. I'd like to ask some questions about {his/her} Medicare coverage.

IN12-13

Was {SP} covered by {VARIABLE TEXT} of Medicare on {September 1, {YEAR}/{FAD/RAD}}?

IN12

YES = 1, NO = 0

Part A?

()

IN13

Part B?

()

PRESS F1 FOR PART A AND PART B DEFINITIONS.

| | |
|---------|--|
| BOX IN8 | If coming from IN12A, continue. Else, go to IN18. |
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IN14

I'd like to verify the Medicare ID number we have in our records.

Do you have a document that shows {SP's} Medicare ID number?

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 0 | (IN18) |
| DK | -8 | (IN18) |
| RF..... | -7 | (IN18) |

IN14A

The Medicare ID number for {SP} that we show in our records is {MEDICARE #/RRB#}. Is this the same ID number that you have in your records?

| | | |
|----------|----|--------|
| YES..... | 1 | (IN18) |
| NO..... | 0 | |
| DK..... | -8 | (IN18) |
| RF..... | -7 | (IN18) |

IN14B

Does {SP}'s Medicare ID number begin with a letter or number?

NUMBER 1
LETTER 2

IN15

{Please read me {SP's} Medicare ID number from your records/Please tell me {SP's} Medicare ID number.}

MEDICARE: () - () - () - ()
 AREA GROUP END BIC

RRB: ()
RRB#

| | | |
|---------|----|--------|
| DK..... | -8 | (IN18) |
| RF..... | -7 | (IN18) |

IN16

I'd like to verify the Medicare ID number that I have recorded. I have entered {MEDICARE#/RRB#}. Is this correct?

| | | |
|----------|----|--------|
| YES..... | 1 | (IN18) |
| NO..... | 0 | |
| DK..... | -8 | (IN18) |
| RF..... | -7 | (IN18) |

IN23

Was {SP} covered by any other Department of Veterans Affairs (VA) program or contract on {September 1, {YEAR}/{FAD/RAD}}?

YES 1
NO 0

IN24

{Besides {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}, was/Was} {SP} covered by any other public assistance health insurance program on {September 1, {YEAR}/{FAD/RAD}}?

YES 1
NO 0 (BOX IN9)
DK -8 (BOX IN9)
RF -7 (BOX IN9)

IN25

What {is/was} the name of the public assistance health insurance program?

NAME OF PUBLIC ASSISTANCE HEALTH INSURANCE PROGRAM

Box IN8 omitted.

IN26 omitted.

| | |
|---------|--|
| BOX IN9 | If SP alive, and a CFR, FFC, or FCF, and round = any fall round, continue. Else, go to INEND. |
|---------|--|

BQ13A

Is {SP} currently married, widowed, divorced, separated, or never married?

MARRIED 1
WIDOWED 2
DIVORCED 3
SEPARATED..... 4
NEVER MARRIED..... 5

INEND

YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.