DM. DISCOUNT/SAVINGS MEMBERSHIP   8/1/06 – last revised

Round 33 – First administered   MCBS Comm. (Round 46 Main)

MCBS MAIN STUDY -- ROUND 46, FALL 2006

COMMUNITY COMPONENT

DM. DISCOUNT/SAVINGS MEMBERSHIP

| BOX DM1 | IF THE SP HAD ANY DM DURING THE PREVIOUS ROUND (DMHAVE = 1 IN PREVIOUS ROUND), GO TO DM1.

IF THIS IS THE SP'S EXIT INTERVIEW AND THE PREVIOUS INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX UTS1A**.

IF THE SP DID NOT HAVE ANY DMs IN THE PREVIOUS ROUND (NO DMHAVE = 1 IN PREVIOUS ROUND), GO TO DM2INTRO. |

DM1.   During the last interview, we recorded that (you/SP) had (NAME OF DM), a discount or savings card or membership (that covered [READ SERVICES BELOW]). Did (you/SP) have the (NAME OF DM) discount or savings card or membership at any time [since (REF. DATE)/between (REF. DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

(DISPLAY DM4 RESPONSES)

[EXPLAIN IF NECESSARY: A discount or savings card or membership helps people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.]

DMHAVE   YES .... 1 **BOX DM2**
                        NO .... 2 **BOX DM3**
                        REFUSED .... -7 **BOX DM3**
                        DON'T KNOW .... -8 **BOX DM3**

DM2INTRO.   I'd like to ask about (a/another) type of health care coverage that some people have.

[PRESS ENTER TO CONTINUE.]

DM2.   At any time since (REF. DATE), did (you/SP) have (a/any other) health care discount or savings card or membership that offered discounts on prescription drug purchases or other health services(, besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW])? Do not include any state-run prescription discount programs [discounts available through (your/SP's) (health insurance plan(s)./Medicare health plan./health insurance plan(s) or Medicare health plan./Also, do not include)] (or) discounts that some stores offer on all items throughout the store or on non-health related items.

[EXPLAIN IF NECESSARY: A discount or savings card or membership is <u>not</u> health insurance.   Discount savings cards or memberships help people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.]

(DISPLAY NAMES OF DMs WITH DMHAVE=1 THIS ROUND)

DMEMNEW   YES 1 (DM3)
                        NO .... 2 **BOX DM4**
                        REFUSED .... -7 **BOX DM4**
                        DON'T KNOW .... -8 **BOX DM4**

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DM3.   What is the name of the discount savings membership or coverage? If you have a card or other paper that shows the name, it would be helpful for me to enter the name from that.

[ENTER ONLY ONE NAME.]

[VERIFY NAME AND SPELLING FROM THE CARD IF AVAILABLE. USE CTRL/K TO ENTER FULL NAME IF ENTIRE NAME DOES NOT FIT ON THE ENTRY LINE BELOW.]

DMNAME   _____
                            NAME OF DISCOUNT/SAVINGS MEMBERSHIP

BOX DM2	SET DMHAVE=1 FOR THIS DM. IF THIS IS A FALL "SUPPLEMENTAL" ROUND OR IF THIS DM REPORTED FOR THE FIRST TIME THIS ROUND IN DM OR IN A SOP ROSTER, GO TO DM4. OTHERWISE, GO TO **BOX DM3**.

DM3a OMITTED IN ROUND 42.

DM3b OMITTED IN ROUND 45.

DM3c OMITTED IN ROUND 45.

DM4.   What types of services are covered by (your/SP's) (NAME OF DM) discount savings membership or coverage?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD DM1			
	DMDRUGS	PRESCRIPTION DRUGS	1
	DMEYES	OPTICAL/EYE CARE/VISION	2
	DMTEETH	DENTAL/PERIODONTIA/DENTURES/ ORTHODONTIA	3
	DMEARS	HEARING AIDS	4
	DMEQUIP	HOME HEALTH CARE/EQUIPMENT/ SUPPLIES	5
	DMVMINS	NUTRITIONAL SUPPLEMENTS/VITAMINS	6
	DMCHIRO	ALTERNATIVE MEDICAL CARE	7
	DMHOSP	HOSPITAL EXPENSES	8
	DMNONMED	NON-MEDICAL ITEMS OR SERVICES........	9
	DMSEROTH	OTHER (SPECIFY)_____	91
		REFUSED	-7
	DMSERVOS	DON'T KNOW	-8

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DM5.   (Is/Was) there a fee or charge for the discount savings membership or coverage? This would include any enrollment fee or a premium amount to obtain the membership or card.

DMENROLL
YES 1 (DM6)
NO 2 (DM6a)
REFUSED .... -7 (DM6a)
DON'T KNOW .... -8 (DM6a)

DM6.   What is the fee or charge?

DMFEEAMT   AMOUNT: _____._____
DMFEEPAY   PER YEAR 1
QUARTERLY/EVERY 3 MONTHS 2
BIMONTHLY/EVERY 2 MONTHS 3
PER MONTH 4
PER WEEK 5
SEMI-ANNUALLY/2 TIMES PER YEAR 6
SEMI-MONTHLY/2 TIMES PER MONTH 7
ONE-TIME FEE/CHARGE............................ 8
DMFEEOS   OTHER (SPECIFY) _____ 91
REFUSED .... -7
DON'T KNOW .... -8

DM6a.   INTERVIEWER: ENTER ANY ADDITIONAL INFORMATION FROM THE DM CARD, BROCHURE, OR OTHER DOCUMENT THAT WILL HELP DETERMINE THE SOURCE OR SPONSOR OF THIS DISCOUNT MEMBERSHIP. INCLUDE ANY PHONE NUMBER, ADDRESS, OR PLAN SPECIFICS THAT HAVE NOT ALREADY BEEN ENTERED AT PREVIOUS QUESTIONS.

DMSOURCE   NO ADDITIONAL INFORMATION 1

RECORD ALL ADDITIONAL INFORMATION BELOW: 91
DMSRCVB1   _____
DMSRCVB2   _____
DMSRCVB3   _____

BOX DM3	IF COMING FROM SOP ROSTER, GO TO **BOX ST62c**/**BOX NS17c**/**BOX CPS8Bd**/CPS20, AS APPROPRIATE.
	IF THIS DM WAS IN THE PREVIOUS ROUND, GO TO DM1 FOR THE NEXT DM WHERE DMHAVE = 1 IN THE PREVIOUS ROUND. IF DM1 CYCLED THROUGH FOR ALL DMs FROM THE PREVIOUS ROUND, GO TO DM2.
	IF THIS DM WAS NOT IN THE PREVIOUS ROUND, GO TO DM7.

DM7.   At any time since (REF. DATE), did (you/SP) have any other discount or savings card or membership besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW.]?

(DISPLAY NAMES OF DMs WITH DMHAVE=1 THIS ROUND)

TEMP   YES 1 (DM3)
                                  NO .... 2 ***BOX DM4***
                                  REFUSED .... -7 ***BOX DM4***
                                  DON'T KNOW .... -8 ***BOX DM4***

BOX DM4	IF SUPPLEMENTAL SAMPLE (INTERVIEW TYPE = 3), GO TO ACINTRO. IF CONTINUING SAMPLE AND UTILIZATION COLLECTED IN THE PREVIOUS INTERVIEW (INTERVIEW TYPE = 1, 4, OR 9), GO TO ***BOX UTS1A.*** OTHERWISE, GO TO ***BOX DU1A***.

DM Addendum

Segments: DMEM
            DMRO
            HRND

DM2.   If current round PLRO exists for any plan where PLANTYPE = 4, SP has private health insurance.

         If current round PLRO exists for any plan where PLANTYPE = 5, SP has Medicare managed care plan.