

# **Medicare Current Beneficiary Survey**

Section Specifications for 2012 R64 INF

HEALTH INSURANCE

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# BOX INBEG

## **BOX INSTRUCTIONS**

GO TO IN1PRE2 - IN1PR2CT.

Variable Name	Assignment Instructions
INMCDFLG	If INMCDFLG = EMPTY, then INMCDFLG = 0/NotIndicated

# IN1PRE2

Code 1

**QUESTION TEXT**

The following questions are about (SP's) health insurance.

PRESS "1" TO CONTINUE.

**FIELD 1: IN1PR2CT****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX IN3

**OTHER PROGRAMMING INSTRUCTIONS****REPORT DISPLAY**

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

# BOX IN3

## **BOX INSTRUCTIONS**

IF THIS IS A BASELINE INTERVIEW AND MEDICAID NOT COLLECTED OR INMCDFLG = 1/Indicated, GO TO IN1 - ICAIDECO.

ELSE IF THIS IS A BASELINE INTERVIEW AND MEDICAID COLLECTED AND INMCDFLG = 0/NotIndicated, GO TO IN5A - MCAIDHMO.

ELSE IF THIS IS NOT A BASELINE INTERVIEW AND MEDICAID NOT COLLECTED OR INMCDFLG = 1/Indicated, GO TO IN1A - ICAIDNOW.

ELSE GO TO IN18 - IGAPCOV.

**IN1**

Yes/No

**QUESTION TEXT**

Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]?

**FIELD 1: ICAIDECO****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN13A - ICAREPTD
1	YES	IN2 - ICAIDDOC
2	PENDING	IN13A - ICAREPTD

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
INCAID	PERS.INCAID = IN1 - ICAIDECO
CAIDECO	PERS.CAIDECO = IN1 - ICAIDECO
INMCDFLG	INMCDFLG = 1/Indicated

**IN1A**

Yes/No

**QUESTION TEXT**

(The last time we asked about (SP's) health insurance, (he/she) was not covered by [READ NAME(S) FROM ABOVE].) Is (SP) now covered by [READ NAME(S) FROM ABOVE]?

**FIELD 1: ICAIDNOW****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN18 - IGAPCOV
1	YES	IN2 - ICAIDDOC
2	PENDING	IN18 - IGAPCOV

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
INCAID	PERS.INCAID = IN1A - ICAIDNOW
XCAIDFLG	PERS.XCAIDFLG = 0/No
INMCDFLG	INMCDFLG = 1/Indicated

# IN2

Yes/No

**QUESTION TEXT**

Do you have a document that shows (SP's) most current [READ NAME(S) FROM ABOVE] ID number?

**FIELD 1: ICAIDDOC****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN3 - ICAIDNUM
1	YES	IN3 - ICAIDNUM

**IN3**

Text

**QUESTION TEXT**

[Please read me (SP's) [READ NAME(S) FROM ABOVE] ID number from the document/Please tell me (SP's) [READ NAME(S) FROM ABOVE] ID number.]

**FIELD 1: ICAIDNUM****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN4 - ICAIDVER

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ICAIDNM	PERS.ICAIDNM = IN3 - ICAIDNUM
MCAIDFLG	If IN3 - ICAIDNUM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if IN3 - ICAIDNUM = DK, then PERS.MCAIDFLG = 2/NumIsDK



**IN4**

Yes/No

**QUESTION TEXT**

I'd like to verify the [READ NAME(S) FROM ABOVE] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

**FIELD 1: ICAIDVER****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN3 - ICAIDNUM
1	YES	IN5A - MCAIDHMO

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
MCAIDFLG	If IN4 - ICAIDVER = 1/Yes, then PERS.MCAIDFLG = 3/ValidNumber

# IN5A

Yes/No

**QUESTION TEXT**

Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (Is/Was) (SP) enrolled in a [READ NAME(S) FROM ABOVE] HMO?

**FIELD 1: MCAIDHMO****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX IN3A
1	YES	BOX IN3A

# BOX IN3A

## **BOX INSTRUCTIONS**

IF THIS IS A BASELINE INTERVIEW, GO TO IN6 - ICDCRCOV.

ELSE GO TO IN18 - IGAPCOV.

**IN6**

Yes/No

**QUESTION TEXT**

Was (SP) covered by [READ NAME(S) FROM ABOVE] [on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?]

**FIELD 1: ICDCRCOV****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN13A - ICAREPTD
1	YES	IN13A - ICAREPTD

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
XCAIDFLG	If IN6-ICDCRCOV <> 1/Yes, then PERS.XCAIDFLG = 1/Yes

# IN13A

Yes/No

**QUESTION TEXT**

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

Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?

PRESS F1 FOR PART D DEFINITIONS.

**FIELD 1: ICAREPTD****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN18 - IGAPCOV
1	YES	IN18 - IGAPCOV

# IN18

Yes/No

## **QUESTION TEXT**

On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare (Medigap policy)?

## **FIELD 1: IGAPCOV**

### **FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN20 - ILTCCOV
1	YES	IN19 - IGAPNAME

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
GAPCOV	PERS.GAPCOV = IN18-IGAPCOV

# IN19

Text

## QUESTION TEXT

What is the name of the insurance company?

[PROBE: Any others?]

## FIELD 1: IGAPNAME

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	IN19 - IGAPNAM2

## FIELD 2: IGAPNAM2

### FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	IN19 - IGAPNAM3

## FIELD 3: IGAPNAM3

### FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	IN19 - IGAPNAM4

**FIELD 4: IGAPNAM4****FIELD 4 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	IN19 - IGAPNAM5

**FIELD 5: IGAPNAM5****FIELD 5 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	IN20 - ILTCCOV



**IN20**

Yes/No

**QUESTION TEXT**

On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?

**FIELD 1: ILTCCOV****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN22 - ICHACOV
1	YES	IN21 - LTCNAME

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
LTCCOV	PERS.LTCCOV = IN20 - ILTCCOV
LTCNAME	If IN20-ILTCCOV <> 1/Yes, then PERS.LTCNAME = EMPTY

# IN21

Text

**QUESTION TEXT**

What is the name of the insurance company?

[PROBE: Any others?]

**FIELD 1: ILTCNAME****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN21 - ILTCNAM2

**FIELD 2: ILTCNAM2****FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN21 - ILTCNAM3

**FIELD 3: ILTCNAM3****FIELD 3 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN21 - ILTCNAM4

**FIELD 4: ILTCNAM4****FIELD 4 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN21 - ILTCNAM5

**FIELD 5: ILTCNAM5****FIELD 5 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IN22 - ICHACOV

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
LTCNAME	PERS.LTCNAME = IN21-ILTCNAME

**IN22**

Yes/No

**QUESTION TEXT**

Was (SP) covered by either TRICARE or CHAMPVA for hospital or physician care on [September 1, (CURRENT YEAR)/(FAD/RAD)]?

PRESS F1 FOR EXPLANATION OF TRICARE AND CHAMPVA.

**FIELD 1: ICHACOV****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN23 - IDVACOV
1	YES	IN23 - IDVACOV

**IN23**

Yes/No

**QUESTION TEXT**

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

**FIELD 1: IDVACOV****FIELD 1 ROUTING**

Value	Label	Route
0	NO	IN24 - IPUBCOV
1	YES	IN24 - IPUBCOV

**IN24**

Yes/No

**QUESTION TEXT**

(Besides [READ NAME(S) FROM ABOVE], was/Was) (SP) covered by any other public assistance health insurance program on [September 1, (CURRENT YEAR)/(FAD/RAD)]?

**FIELD 1: IPUBCOV****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX IN9
1	YES	IN25 - IPUBNAME

# IN25

Text

**QUESTION TEXT**

What (is/was) the name of the public assistance health insurance program?

**FIELD 1: IPUBNAME****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX IN9

# BOX IN9

## **BOX INSTRUCTIONS**

IF SP ALIVE, AND A CFR, FFC, OR FCF, AND IS A FALL ROUND, GO TO INBQ13A - IMARSTAT.

ELSE GO TO INEND - INENDCT.



# INBQ13A

Code 1

**QUESTION TEXT**

Is (SP) currently married, widowed, divorced, separated, or never married?

**FIELD 1: IMARSTAT****FIELD 1 ROUTING**

Value	Label	Route
1	MARRIED	INEND - INENDCT
2	WIDOWED	INEND - INENDCT
3	DIVORCED	INEND - INENDCT
4	SEPARATED	INEND - INENDCT
5	NEVER MARRIED	INEND - INENDCT

# INEND

Code 1

**QUESTION TEXT**

YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.

PRESS "1" TO RETURN TO NAVIGATION SCREEN.

**FIELD 1: INENDCT****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX INEND

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
INDISP	INDISP = 96/Complete

# BOX INEND

## BOX INSTRUCTIONS

GO TO NAVIGATOR