

Medicare Current Beneficiary Survey

Section Specifications for INF

R67 2013

HEALTH INSURANCE

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BOX INBEG

BOX INSTRUCTIONS

IF INDISP = 1/ConsentRequired OR INDISP = 4/InitialRefusal, GO TO INCONREF - CONREFFN.

ELSE GO TO IN1PRE2 - IN1PR2CT.

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

INCONREF

Code 1

QUESTION TEXT

PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.

FIELD 1: CONREFFN**FIELD 1 ROUTING**

Value	Label	Route
1	CONSENT OBTAINED (CONTINUE INTERVIEW)	IN1PRE2 - IN1PR2CT
2	FINAL CONSENT DENIED	INEND - INENDCT
3	REFUSAL CONVERTED (CONTINUE INTERVIEW)	IN1PRE2 - IN1PR2CT
4	FINAL REFUSAL	INEND - INENDCT

IN1PRE2

Code 1

QUESTION TEXT

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

IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.

FIELD 1: IN1PR2CT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX IN3
2	CONSENT REQUIRED	INEND - INENDCT
3	INITIAL REFUSAL	INEND - INENDCT

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
	Don't Know	IN13A - ICAREPTD
	Refused	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
	Don't Know	IN18 - IGAPCOV
	Refused	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
	Don't Know	IN3 - ICAIDNUM
	Refused	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
	Don't Know	IN5A - MCAIDHMO
	Refused	IN5A - MCAIDHMO

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
	Don't Know	BOX IN3A
	Refused	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
	Don't Know	IN13A - ICAREPTD
	Refused	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
	Don't Know	IN18 - IGAPCOV
	Refused	IN18 - IGAPCOV

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
CAREPTD	PERS.CAREPTD=IN13A-ICAREPTD

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
	Don't Know	IN20 - ILTCCOV
	Refused	IN20 - ILTCCOV

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?]

IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.

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**

Value	Label	Route
1	[Continuous answer.]	IN19 - IGAPNAM5

FIELD 5: IGAPNAM5**FIELD 5 ROUTING**

Value	Label	Route
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
	Don't Know	IN22 - ICHACOV
	Refused	IN22 - ICHACOV

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
	Don't Know	IN23 - IDVACOV
	Refused	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
	Don't Know	IN24 - IPUBCOV
	Refused	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
	Don't Know	BOX IN9
	Refused	BOX IN9

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
	Don't Know	INEND - INENDCT
	Refused	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**

INDISP:

If IN1PRE2-IN1PR2CT = 2/ConsentRequired, INDISP = 1/ConsentRequired.

Else if IN1PRE2-IN1PR2CT = 3/InitialRefusal, INDISP = 4/InitialRefusal.

Else if INCONREF-CONREFFN = 2/FinalConsentDenied, INDISP = 11/FinalConsentDenied.

Else if INCONREF-CONREFFN = 4/FinalRefusal, INDISP = 12/FinalRefusal.

Else INDISP = 96/Complete.

BOX INEND

BOX INSTRUCTIONS

GO TO NAVIGATOR