

# **Medicare Current Beneficiary Survey**

Section Specifications for IUQ

INSTITUTIONAL UTILIZATION

ROUND 70

**CREATED ON 4/30/2015**

**IU1**

Yes/No

**QUESTION TEXT**

SHOW CARD IU

[Since (REFERENCE DATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card?

LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES.

**FIELD 1: IUPROBE****FIELD 1 ROUTING**

| Value | Label                     | Route                                 |
|-------|---------------------------|---------------------------------------|
| 1     | YES                       | IU2 - PROVIDER_IU                     |
| 2     | NO                        | BOX IU3                               |
| 3     | INDICATED YES BY DATAPREP | DO NOT DISPLAY.<br>DATA EDITING ONLY. |
|       | Don't Know                | BOX IU3                               |
|       | Refused                   | BOX IU3                               |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.IUPROBE  | 1               |

# IU2

## Roster

### QUESTION TEXT

Where [were you/was (SP)] a patient -- in which nursing home?

SELECT OR ADD ONLY ONE FACILITY.

### FIELD 1: PROVIDER IU

#### FIELD 1 ROUTING

| Value | Label                | Route   |
|-------|----------------------|---------|
| 1     | [Continuous answer.] | BOX IU1 |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display in alphabetical order by PROV.PROVNAME.

#### ROSTER/GRID DISPLAY

| Column # | Header                      | Instructions           |
|----------|-----------------------------|------------------------|
| 1        | Provider Name               | Display PROV.PROVNAME. |
| 2        | Billing/Group Practice Name | Display PROV.PROVNAME. |

### BACKGROUND VARIABLE ASSIGNMENTS

PROVIDER INSTRUCTIONS:

Roster details will be collected on PROV:  
 PROV key = PROV.PROVBASE + PROV.PROVNUM  
 PROV.PROVNUM = Number of Provider selected at IU2.

If Provider added at Provider Roster, see PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Provider Roster Pop-Up Window:

PROV.PROVNUM      Provider number  
 PROV.PROVRNDC     Round number  
 PROV.PROVNAME     Hospital name (Also known as Provider name)

If Provider added, set provider fields as instructed below.

#### EVENT INSTRUCTIONS:

Current round IU visits are stored on EVNT. An EVNT is generated once the Provider is selected at IU2:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM  
 EVNT.EVNTNUM = number of event generated at IU2.

BASE.LASTEVT holds the highest EVNT.EVNTNUM prior to fielding cases. Not all EVNT records are fielded. The first time an EVNT record is generated in the field, BASE.LASTEVT should be  $\geq$  to the highest EVNT.EVNTNUM fielded. The new EVNT.EVNTNUM should be calculated based on  $\text{BASE.LASTEVT} + 001$ . Each time an EVNT record is generated in the field, BASE.LASTEVT will be updated to match the highest EVNT.EVNTNUM in the field. Therefore, each time an EVNT record is generated in the field, the new EVNT.EVNTNUM should be calculated based on  $\text{BASE.LASTEVT} + 001$ . See detailed instructions below.

Set Event Provider as the Provider selected at IU2. Set additional EVNT variables as instructed below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| LASTEVNT      | Once new EVNT record is generated, set $\text{BASE.LASTEVT} = \text{new EVNT.EVNTNUM}$ .  |
| EVNTNUM       | Set new $\text{EVNT.EVNTNUM} = \text{BASE.LASTEVT} + 001$ . This assumes that BASE.LASTEVT is incremented each time an EVNT record is generated in the field. |
| EVNTRNDC      | $\text{EVNT.EVNTRNDC} = \text{current round}$ .   |

| Variable Name | Assignment Instructions                                   |
|---------------|---|
| EVNTTYPE      | EVNT.EVNTTYPE = 'IU'.                                     |
| STEVTTYPE     | EVNT.STEVTTYPE = 7/IU.                                    |
| EVNTPROV      | EVNT.EVNTPROV = PROV.PROVNUM of provider selected at IU2. |
| PROVTYPE      | If Provider added, set PROV.PROVTYPE=5/Institution.       |
| PRVROSTR      | If Provider added, set PROV.PRVROSTR = 5/IUProvider.      |

### DESIGN NOTES

Begin Loop 1: Probe for one provider (facility), collect event date for this provider.

# BOX IU1

## **BOX INSTRUCTIONS**

IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IU3 - VAPLACE.

ELSE TO IU4 - EVBEGMM.

**IU3**

Yes/No

**QUESTION TEXT**

Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?

**FIELD 1: VAPLACE****FIELD 1 ROUTING**

| <b>Value</b> | <b>Label</b> | <b>Route</b>  |
|--------------|--------------|---------------|
| 1            | YES          | IU4 - EVBEGMM |
| 2            | NO           | IU4 - EVBEGMM |
|              | Don't Know   | IU4 - EVBEGMM |
|              | Refused      | IU4 - EVBEGMM |

**FIELD 1 ATTRIBUTES**

| <b>Cheshire Name</b> | <b>Answers Allowed</b> |
|----------------------|------------------------|
| PROV.VAPLACE         | 1                      |

**IU4**

Date

**QUESTION TEXT**

When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?

**FIELD 1: EVBEGMM**

ADMISSION DATE:

**FIELD 1 ROUTING**

| Value | Label                | Route         |
|-------|----------------------|---------------|
| 1     | [Continuous answer.] | IU4 - EVBEGDD |
|       | Don't Know           | IU4 - EVBEGDD |
|       | Refused              | IU4 - EVBEGDD |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVBEGMM  | 1               |

**FIELD 2: EVBEGDD****FIELD 2 ROUTING**

| Value | Label                | Route         |
|-------|----------------------|---------------|
| 1     | [Continuous answer.] | IU4 - EVBEGYY |
|       | Don't Know           | IU4 - EVBEGYY |
|       | Refused              | IU4 - EVBEGYY |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVBEGDD  | 1               |

**FIELD 3: EVBEGYY****FIELD 3 ROUTING**

| Value | Label                | Route         |
|-------|----------------------|---------------|
| 1     | [Continuous answer.] | IU4 - EVENDMM |
|       | Don't Know           | IU4 - EVENDMM |
|       | Refused              | IU4 - EVENDMM |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVBEGYY  | 1               |

**FIELD 4: EVENDMM**

DISCHARGE DATE:

**FIELD 4 ROUTING**

| Value | Label                | Route         |
|-------|----------------------|---------------|
| 1     | [Continuous answer.] | IU4 - EVENDDD |
|       | Don't Know           | IU4 - EVENDDD |
|       | Refused              | IU4 - EVENDDD |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVENDMM  | 1               |

**FIELD 5: EVENDDD****FIELD 5 ROUTING**

| Value | Label                | Route         |
|-------|----------------------|---------------|
| 1     | [Continuous answer.] | IU4 - EVENDYY |
|       | Don't Know           | IU4 - EVENDYY |
|       | Refused              | IU4 - EVENDYY |

**FIELD 5 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVENDDD  | 1               |

**FIELD 6: EVENDYY****FIELD 6 ROUTING**

| Value | Label                | Route        |
|-------|----------------------|--------------|
| 1     | [Continuous answer.] | IU7 - IUMORE |
|       | Don't Know           | IU7 - IUMORE |
|       | Refused              | IU7 - IUMORE |

**FIELD 6 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.EVENDYY  | 1               |

**IU7**

Yes/No

**QUESTION TEXT**

IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care?

**FIELD 1: IUMORE****FIELD 1 ROUTING**

| <b>Value</b> | <b>Label</b> | <b>Route</b>      |
|--------------|--------------|-------------------|
| 1            | YES          | IU2 - PROVIDER_IU |
| 2            | NO           | BOX IU3           |
|              | Don't Know   | BOX IU3           |
|              | Refused      | BOX IU3           |

# BOX IU3

## BOX INSTRUCTIONS

GO TO NEXT SECTION