

OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCE ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

HEALTH INSURANCE

ROUNDS 18 AND 19

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

HEALTH INSURANCE QUESTIONNAIRE (IN)

CTRL/E OK
HEALTH INSURANCE

IN1PRE2

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

PRESS ENTER TO CONTINUE.

BOX IN3	If Baseline or Round = 18, If HA47 = -7, -8, -5, or -1 or if EX23A = -7, -8, or -1, go to IN1. Else, go to IN6. Else, If last time IN administered, IN1=0, 2, or -8, or IN1A=0, 2, or -8, and EX23A= -1 and HA47 = -5 or -1, go to IN1A. Else, go to BOX IN7.
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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)

INSU.ICAIDECO

PERM.INRETFLG

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 IN7)
PENDING	2 (BOX IN7)
DK	-8 (BOX IN7)
RF	-7 (BOX IN7)

INSU.ICAIDNOW

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

INSU.ICAIDDOC

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	(BOX IN3A)
RF	-7	(BOX IN3A)

INSU.ICAIDNUM

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	(BOX IN3A)
NO	0	

INSU.ICAIDVER

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

INSU.ICAIDNUM

BOX IN3A	If Core and round ...18, go to IN9. Else, continue.
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IN6

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}
{on January 1, 1997/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)

INSU.ICDCRCOV

PERM.INRETFLG

BOX IN3B	If SP is CFR and Rd ...18, go to BOX IN5; Else, continue.
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IN7

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

YEAR 19()

INSU.ICAIDYY

BOX IN4	If IN7= -7 or -8: If SP is CFR, FFC, or FCF and Round = 18, go to IN8; Else, go to IN10. If IN7YR>92, go to IN9. Else, go to Box IN5.
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IN8

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} on {January 1, 1997/{FAD/RAD}}?

YES	1	(BOX IN5)
NO	0	(BOX IN5)
DK	-8	(BOX IN5)
RF	-7	(BOX IN7)

INSU.ICAIDFAC

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.

INSU.ICAIDMM

BOX IN5	If Core and round ...18, go to BOX IN7. If (IN7YR) \$ FAD/RAD, go to BOX IN6; else, go to IN10.
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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
	PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY ..	3
	CCRC/RETIREMENT HOME/CENTER	4
	HOSPITAL	5
	PRIVATE HOME OR APARTMENT	6
	OTHER LTC FACILITY	7
	OTHER (SPECIFY)_____	91

INSU.ICAIDLIV .ICDLIVOS

BOX IN6	If IN10 = 1 or -1 and FACILITY has more than one part, continue; else, go to BOX IN7.
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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.

INSU.XINPLACE

BOX IN7	If Core and round ...18, go to IN18. If HA44B (Medicare number) = -7, -8, or -1 continue; else, go to IN13. Else, go to IN12A.
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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 {January 1, 1997/{FAD/RAD}}?

IN12

YES = 1, NO = 0

Part A?

()

IN13

Part B?

()

PRESS F1 FOR PART A AND PART B DEFINITIONS.

INSU.ICAREPTA

INSU.ICAREPTB

PERM.INRETFLG

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)

INSU.ICAREDOC

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)

INSU.ICARECHK

IN14B

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

NUMBER 1
LETTER 2

INSU.ICAREFST

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)

$$\text{INSU.ICAREAR} + \text{.ICAREGR} + \text{.ICAREEND} + \text{.ICAREBIC} = \text{.ICARENUM}$$

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)

INSU.ICARETNU

IN17

Let me enter it again. (What {is/was} {SP's} Medicare ID number?)

{MEDICARE: () - () - () - ()} (IN16)
 AREA GROUP END BIC

$$\{\text{RRB: (} \quad \text{)}\} \text{ (IN16)}$$

RRB#

DK	-8
RF	-7

$$\text{INSU.ICAREAR} + \text{.ICAREGR} + \text{.ICAREEND} + \text{.ICAREBIC} = \text{.ICARENUM}$$

IN18

On {January 1, 1997/September 1, {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)}?

YES	1	(IN19)
NO	0	(IN20)
DK	-8	(IN20)
RF	-7	(IN20)

INSU.IGAPCOV

11N19

What is the name of the insurance company?
PROBE: Any others?

INSU.IGAPNAME .IGAPNAM2 .IGAPNAM3 .IGAPNAM4 .IGAPNAM5

IN20

On {January 1, 1997/September 1, {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?

YES	1 (IN21)
NO	0 (IN22)
DK	-8 (IN22)
RF	-7 (IN22)

INSU.ILTCOV

IN21

What is the name of the insurance company?
PROBE: Any others?

INSU.ILTCNAME .ILTCNAM2 .ILTCNAM3 .ILTCNAM4 .ILTCNAM5

IN22

Was {SP} covered by either CHAMPUS or CHAMPVA for hospital or physician care on {January 1, 1997/{September 1, {YEAR}/{FAD/RAD}}?

YES	1
NO	0

PRESS F1 FOR EXPLANATION OF CHAMPUS AND CHAMPVA.

INSU.ICHACOV

IN23

Was {SP} covered by any other Department of Veterans Affairs (VA) program or contract on {January 1, 1997/{September 1, {YEAR}/{FAD/RAD}}?

YES	1
NO	0

INSU.IDVACOV

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 {January 1, 1997/{September 1,
{YEAR}/{FAD/RAD}}?

YES	1	
NO	0	(INEND)
DK	-8	(INEND)
RF	-7	(INEND)

INSU.IPUBCOV

IN25

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

NAME OF PUBLIC ASSISTANCE HEALTH INSURANCE PROGRAM

INSU.IPUBNAME

INEND

YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.