

2013

JANUARY

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FEBRUARY

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2013

JULY

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EXAMPLES OF TYPES OF MEDICAL DOCTORS (RIGHT-HAND COLUMN)

ALLERGIST
ANESTHESIOLOGIST
CARDIOLOGIST
DERMATOLOGIST
ENDOCRINOLOGIST
GASTROENTEROLOGIST
GERIATRIC DOCTOR
GYNECOLOGIST
HEMATOLOGIST
INTERNAL MD/INTERNIST
NEPHROLOGIST
NEUROLOGIST
ONCOLOGIST
OPHTHALMOLOGIST
ORTHOPEDIST
PATHOLOGIST
PROCTOLOGIST
PULMONOLOGIST
PSYCHIATRIST
RADIOLOGIST
RHEUMATOLOGIST
SURGEON:
 CARDIOVASCULAR
 COLON/RECTAL
 EYE
 GENERAL
 HAND
 NEUROLOGICAL
 ORTHOPEDIC
 PLASTIC
 THORACIC
 VASCULAR
UROLOGIST

INTERVIEW EXIT SCREENS/BREAKOFF POINTS

CTRL/E is the function used by interviewers to stop the interview prior to completing it through the Closing section. CTRL/E is only allowed where indicated in the upper right corner of the screen, and is allowed at the following screens:

IN: IN8	PMS: PMSINTRA
ENS: ENSINTRO	PM: PMINTROA
EN: ENINTRO	ST: ST1ahmo, ST1, ST1a, ST68a, ST68b
HA: HAINTRO, HAINTRO2A	PS: PS1a (CTRL/E is allowed only for the first event that goes through PS1a)
HIS: HISINTRO, HISCLOSE	NS: NSINTRO1
HI: HIINTRO, MC1, HIMC1, HI5INTRO, HI6, HIT1, HI11, HI16b, HI16b1, HI17/HI17a/ HI17b, HI21a	CPS: CPSINTRO
DM: DM1, DM2INTRO, DM2	IA: IAINTRO
UTS: UTSINTRA	PD: PDINTRO, PD1
DU: DUINTRO	RX: RXINTRO
ER: ER1	KN: KNINTRO
IP: IP1, IP5	HF: HFA1, HFHINTRO, HFJINTRO, HFKINTRO, HFLINTRO, HFM1
OP: OP1	AC: ACINTRO, AC1, AC8, AC17, AC19, AC33 (for supplemental cases only)
IU: IU1	US: US1, US27INT
HHS: HHS1	SC: SC1
HH: HH1, HH18	DI: DIINTROA
MP: MP1, MP18, MP26, MP34, MP42, MP50	CL: CL1
OM: OM1, OM3, OM5, OM9, OM11, OM13, OM19, OM21, OM23, OM28	

Glossary of Prescribed Medicine Abbreviations

Medicine Form

Amp. = Ampules (elongated glass container of liquid medication)
Cap. = Capsules (gel caps, time release caps, solid caplets)
Elix. = Elixir (liquid)
hypo. = hypodermically (injection)
I.D. = intradermal (injection in skin)
I.M. = intramuscular (injection in muscle)
inf. = infusion (I.V. infusion)
Inhalant = medication administered per nose and/or mouth via mist
I.V. = intravenously (in vein)
patche = skin cover for medication or for test
per os/P.O. = by mouth
P.R. = per rectum
Pulv = powder
S.L. = Sublingual (under the tongue)
s.q./subq/S.C. = subcutaneous (under the skin)
syr = syrup
Tab = Tablet
tr = tincture
ung = ointment
vial = container (small) of sealed liquid medication usually for injections

When or How Often a Medicine is Administered

a.c. = before meals
ad. lib = as desired
b.d. = twice a day
b.i.d. = twice a day
b.i.n. = twice a night
H. = hour
h.s. = at bedtime
non rep. = don't repeat
noxt. = at night
p.c. = after food (after meals)
p.r.n. = as needed (as desired)
q.h. = every hour
q = every
q 2h = every 2 hours
q.d. = every day
q.i.d. = four times a day
q.o.d. = every other day
rep. = let it be repeated
stat. = immediately
t.i.d. = three times a day

Dosage or Strength of a Medicine

cc. = cubic centimeter (injections and liquid medications are measured in cc.)
dr. = drams 27 gr = 1 dram 8 drams = 1 oz.
fl. oz. = fluid ounce
gm or g = gram
gr = grain
gtt = drops
Kg = Kilogram
M² = square meter
mEq = milliequivalent (weight of substance in 1 milliliter)
mg = milligram 1000 mg = 1 gm
mcg = microgram
ml = milliliter 1000 ml = 1 Liter
mm = millimeter 1000 mm = 1 meter
L. = Liter 1.0567 quarters = 1 Liter

Miscellaneous

a or aa = of each
AP = apical pulse
aq. = water
ASAP = as soon as possible
C = centigrade
c = with
CO₂ = carbon dioxide
comp = compound
dil = dilute
et = and
F = Fahrenheit
Fx = fracture
G = gauge
GI = gastrointestinal
I.O. = intake and output
lauage = to wash out cavities (wounds)
Na = sodium
NG tube = nasal gastric tube for feeding [sizes in French (i.e., French 18)]
NS/NA C1 = normal saline (Sodium Chloride Solution)
O₂ = oxygen
o.d. = right eye
o.s. = left eye
o.u. = both eyes
pads = sterile or non-sterile coverings
s = without
S.O.B. = short of breath
sp. gr. = specific gravity
ss = half
T̄ = one tablet
T = temperature
T.O. = telephone order
T̄T̄ = two tablets

**MEDICARE CURRENT BENEFICIARY SURVEY
NATIONAL STUDY - COMMUNITY COMPONENT**

**SUPPLEMENT GLOSSARY
FOR INCOME AND ASSETS**

Dividend income -- Includes dividends received, credited, or reinvested from ownership of stock or mutual funds.

Farm self employment income -- Net money income (gross receipts minus business expenses) received from the operation of an unincorporated farm by a person on his or her own account, as an owner, renter, or sharecropper.

Income from estates and trusts -- Includes any regular payments from an estate or trust fund.

Interest income -- Includes interest received or credited to checking and savings accounts, money market funds, certificates of deposit (CD's), IRAs, KEOGHS and government bonds.

Non-farm self employment income -- Net money income (gross receipts minus business expenses) received from an unincorporated business, professional practice, or partnership in which the person was engaged.

Outstanding Debt -- Amount of money or balance that a person or couple owes. This is usually calculated by using the purchasing price and the balance that remains. Outstanding debt includes the balance owed on the items specifically mentioned in the question text.

Public assistance income other than SSI -- Includes income from Aid to Families with Dependent Children (AFDC), food stamps or from other government programs such as general or emergency assistance.

Rental income -- Includes income from the rental of land, buildings, or real estate, or income from roomers and boarders.

Royalties income -- Includes profit or loss from any royalties.

Social Security/Railroad Retirement Income -- Includes any Social Security and Railroad Retirement payments to retired persons, to dependents of deceased insured workers, and to disabled workers.

Supplemental Security Income (SSI) -- A program of income support for low-income aged, blind, or disabled persons established by Title XVI of the Social Security Act.

Wages or salary -- Total money earnings received for work performed as an employee at any time during the year previous to the interview. It includes wages, salary, commissions, pay from Armed Forces, tips, piece rate payments, and cash bonuses earned.

Whole life or universal life insurance -- Life insurance policies which accrue cash equity.

INTERRUPT MENU

()

TO REVIEW OR MAKE CORRECTIONS OR ADDITIONS TO:

2. Person Roster
3. Health Insurance Plans
4. Providers
5. Conditions
6. All Visits (Review Only)
7. Visits / Stays
8. Other Medical Expenses
9. Prescribed Medicines
10. Statement Charge Bundles
11. Reimbursement / Refund
99. Return to Questionnaire



MCBS

The text on this card reads "Mark this box if you speak (Language)".

املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.

Arabic

Խնդրում ենք նշում կատարել այս քառակուսում,
եթե խոսում կամ կարդում եք հայերեն:

Armenian

如果您具有中文閱讀和會話能力，請在本空格內標上X記號。

Chinese

Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.

Creole

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

Czech

اگر خواندن و نوشتن فارسی بدرهستین، این مربع را علامت بگذارید.

Farsi

Cocher ici si vous lisez ou parlez le français.

French

Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.

German

Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.

Greek

अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस गोले पर चिह्न लगाएँ।

Hindi

Kos lub voj no yog koj paub twm thiab hais lus Hmoob.

Hmong

<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	Laotian
<input type="checkbox"/>	Zaznacz tę kratkę jeżeli czyta Pan/Pani lub mówi po polsku.	Polish
<input type="checkbox"/>	Assinale este quadrado se voce lê ou fala Português.	Portuguese
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	Russian
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	Spanish
<input type="checkbox"/>	Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog.	Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	Thai
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں.	Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.	Vietnamese
<input type="checkbox"/>	צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.	Yiddish

**MEDICARE CURRENT BENEFICIARY SURVEY
NATIONAL STUDY - COMMUNITY COMPONENT**

PRONUNCIATION GUIDE

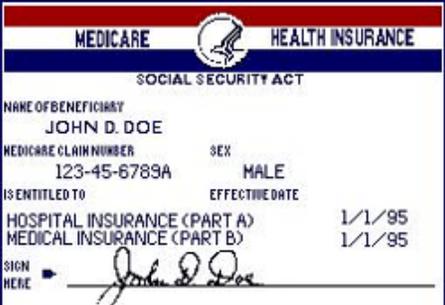
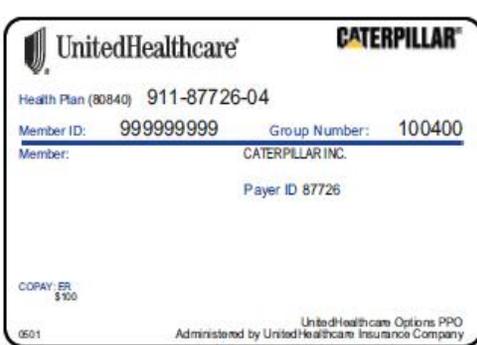
The pronunciation of certain words within the questionnaire has been provided for your reference. The words are listed in alphabetical order below.

Alzheimer's disease	(ah lts hy-merz dis- ease)
angina pectoris	(an- gy na pec toe ris)
antigen	(an -ti-jen)
aortic stenosis	(a- or -tik ste- no -sis)
arteriosclerosis	(ar- tee ri-oh-scleee- roe sis)
arthritis	(ar- thry tis)
asthma	(az mah)
atrial fibrillation	(a- tree -al fi-bri- la -shun)
benign prostatic hypertrophy (BPH)	(bi- nyn pro- sta -tik hy -per-tro-fee)
cardiopulmonary	(car dee-oh- pul moh-nar-y)
cataract	(kat ah-rakt)
cerebrovascular	(cer e-bro- vas cue-lahr)
colonoscopy	(ko-la- nas -ko-pee)
colorectal	(ko-la- rek -tal)
coronary	(core oh-nary)
dementia	(dee- men shia)
diabetes	(di ah- bee teez)
emphysema	(em-phy- see ma)
hemoglobin	(he-ma- glo -bin)
hemorrhage	(hem or-rage)
hypertension	(hi per- ten shun)
hysterectomy	(hys-ter- ec toe-me)
macular degeneration	(mak -yoo-lahr di- jen -er- a -shun)
malignancy	(ma- lig nan-cee)
mammogram	(mam o-gram)
myocardial infarction	(my-oh- kar dee-ahl in- fark -shun)
neuropathy	(noo- rop -uh-thee)
ophthalmologist	(off-thal- mol -o-jest)
osteoarthritis	(ahs tee-oh-ar- thry -tis)
osteoporosis	(ahs tee-oh-poe- roe -sis)
paralysis	(pa- ral y-sis)
Parkinson's disease	(par kin-sons dis- ease)
pneumonia	(new- moh nee-ah)
psychiatric	(syee-kee- at ric)
pulmonary	(pul moh-nar-y)
rheumatoid	(roo mah-toid)
sigmoidoscopy	(sig- moi -das-ka-pee)

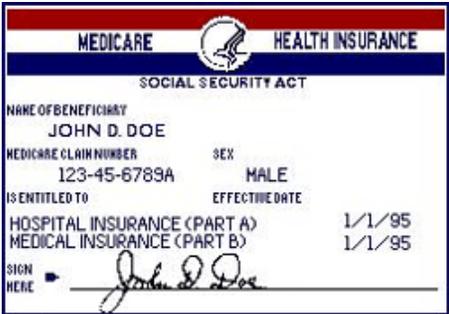
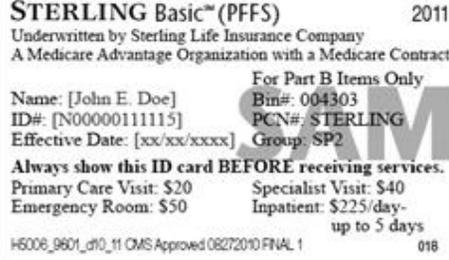
REFERENCE CARD FOR MEDICAL PROVIDER (LEFT-HAND COLUMN)

1. DENTIST/DENTAL PROVIDER
2. MEDICAL DOCTOR
3. AUDIOLOGIST
29. ACUPUNCTURIST
4. CHIROPRACTOR
5. CLINICAL SOCIAL WORKER
6. DIETITIAN/NUTRITIONST
7. HEARING THERAPIST
8. HOME HEALTH/HEALTH AIDE
9. HOMEMAKER
30. HOMEOPATH
10. HOSPICE WORKER
11. I.V. THERAPIST
28. LICENSED PRACTICAL NURSE (LPN)
31. MASSAGE THERAPIST
32. NATUROPATH
12. NURSE (RN)
13. NURSE PRACTITIONER
14. NURSE'S AIDE
15. OCCUPATIONAL THERAPIST (OT)
16. OPTOMETRIST
17. OSTEOPATH
18. PARAMEDIC
19. PHYSICAL THERAPIST (PT)
20. PHYSICIAN'S ASSISTANT
21. PODIATRIST (FOOT DOCTOR)
22. PSYCHOLOGIST
23. RESPIRATORY THERAPIST
24. SOCIAL/CASE WORKER
25. SPEECH THERAPIST
26. THERAPIST (MENTAL HEALTH)
27. X-RAY TECHNICIAN
91. OTHER MEDICAL PROVIDER SPECIALTY (NON-MD) SPECIFY

REFERENCE FOR INSURANCE CARDS

<p>If SP only uses Medicare card issued by the federal government, then he/she probably has Original Medicare (Part A and Part B).</p>	 <p>MEDICARE HEALTH INSURANCE SOCIAL SECURITY ACT NAME OF BENEFICIARY: JOHN D. DOE MEDICARE CLAIM NUMBER: 123-45-6789A SEX: MALE IS ENTITLED TO EFFECTIVE DATE: 1/1/95 HOSPITAL INSURANCE (PART A) 1/1/95 MEDICAL INSURANCE (PART B) 1/1/95 SIGN HERE: <i>John D. Doe</i></p>		
<p>If SP carries a separate card from a drug plan, he/she also may have a stand-alone Medicare Part D prescription drug plan.</p>	 <p>MEDICARE HEALTH INSURANCE SOCIAL SECURITY ACT NAME OF BENEFICIARY: JOHN D. DOE MEDICARE CLAIM NUMBER: 123-45-6789A SEX: MALE IS ENTITLED TO EFFECTIVE DATE: 1/1/95 HOSPITAL INSURANCE (PART A) 1/1/95 MEDICAL INSURANCE (PART B) 1/1/95 SIGN HERE: <i>John D. Doe</i></p>	 <p>TUFTS Health Plan PDP Medicare Prescription Drug Plan Rx/BN: 610415 Rx/PCN: PCS Rx/GRP: <XXXXXXXXXXXX> Issuer: 69840 ID: <XXXXXXXXXXXX> Name: Mary Smith Issued: mm/dd/yyyy CMS 5055 <PDP></p>	
<p>If SP uses his/her Medicare card plus a second card that pays expenses Medicare doesn't, then SP probably has a Medicare supplement policy that he/she purchased on his/her own, or which may be provided by a former employer.</p>	 <p>MEDICARE HEALTH INSURANCE SOCIAL SECURITY ACT NAME OF BENEFICIARY: JOHN D. DOE MEDICARE CLAIM NUMBER: 123-45-6789A SEX: MALE IS ENTITLED TO EFFECTIVE DATE: 1/1/95 HOSPITAL INSURANCE (PART A) 1/1/95 MEDICAL INSURANCE (PART B) 1/1/95 SIGN HERE: <i>John D. Doe</i></p>	 <p>UnitedHealthcare CATERPILLAR Health Plan (80840) 911-87726-04 Member ID: 999999999 Group Number: 100400 Member: CATERPILLAR INC. Payer ID 87726 COPAY: ER \$100 0501 UnitedHealthcare Options PPO Administered by UnitedHealthcare Insurance Company</p>	

REFERENCE FOR INSURANCE CARDS

<p>If SP purchased optional add-ons, he/she may have three cards: Original Medicare, a stand-alone Medicare Part D prescription drug plan, and a Medigap policy.</p>	 <p>MEDICARE HEALTH INSURANCE SOCIAL SECURITY ACT NAME OF BENEFICIARY: JOHN D. DOE MEDICARE CLAIM NUMBER: 123-45-6789A SEX: MALE IS ENTITLED TO EFFECTIVE DATE: 1/1/95 HOSPITAL INSURANCE (PART A) 1/1/95 MEDICAL INSURANCE (PART B) 1/1/95 SIGN HERE: <i>John D. Doe</i></p>	 <p>TUFTS Health Plan PDP Medicare Prescription Prescription Drug Plan RxBIN: 010415 RXPEN: PCS RXPEN: <XXXXXXXXXXXX> Issuer: 80840 ID: <XXXXXXXXXXXX> Name: Mary Smith Issued: mm/dd/yyyy CMS 50855 <PDP></p>	 <p>STERLING Premier® Medicare Supplement Identification Card [First Name] [M] [Last Name] Policyholder [Plan ID] [Effective Date] [Policy ID] Plan Effective Date Policy No. Underwritten by: Sterling Life Insurance Company 802</p>
<p>If SP uses a different card from his/her Medicare card to pay for health care services, he/she probably has a Medicare Advantage plan.</p>	 <p>STERLING Basic™ (PFFS) 2011 Underwritten by Sterling Life Insurance Company A Medicare Advantage Organization with a Medicare Contract For Part B Items Only Name: [John E. Doe] Bin#: 004303 ID#: [N00000111115] PCN#: STERLING Effective Date: [xx/xx/xxxx] Group: SP2 Always show this ID card BEFORE receiving services. Primary Care Visit: \$20 Specialist Visit: \$40 Emergency Room: \$50 Inpatient: \$225/day- up to 5 days H5006_9601_d10_11 CMS Approved 08272010 FINAL 1 018</p>		
<p>If SP also uses his/her Medicare Advantage card to pay for prescription drug purchases, he/she probably has a plan that includes Medicare Part D prescription drug coverage.</p>	 <p>BlueCross BlueShield of Florida Health Options. BlueMedicare Medicare Advantage Group PDP TOMMY T TEST Member Number: XJHH1234567801 RxBIN: 012833 RXPEN: MedDPrimeG RXPEN: 80840 Group Number: 999960/0101 Group Inc. MedicareRx CMS H1026.011</p>		

Safe Break-off Points in the MCBS Continuing Interview

While it is possible to break off an interview at most places in the instrument, it is strongly recommended that you break off at the beginning of a section or one of the other screens listed below.

Component	Abbrev.	SECTION	Safe Break-off Points
Address Verification	AV	ADDRESS VERIFICATION	AV1
Household	ENS	ENUMERATION	ENSINTRO
Supplemental Section	HA	HOUSING CHARACTERISTICS	HAINTRO HAINTRO2A
Health Ins	HIS	HEALTH INSURANCE SUMMARY	HISINTRO
Health Ins	HI	HEALTH INSURANCE	HIMCINTR HIMC1A, HIMC1
Insurance Plans	DM	DISCOUNT/SAVINGS MEMBERSHIP	DM1INT DM2INTRO
Utilization	DU	DENTAL UTILIZATION	DUINTRO
Utilization	ER	EMERGENCY ROOM UTILIZATION	ER1
Utilization	IP	INPATIENT UTILIZATION	IPS1, IP1A, IP1
Utilization	OP	OUTPATIENT UTILIZATION	OP1
Utilization	IU	INSTITUTIONAL UTILIZATION	IU1
Utilization	HHS	HOME HEALTH SUMMARY	HHS1, HHS2A
Utilization	HH	HOME HEALTH UTILIZATION	HH1
Utilization	MP	MEDICAL PROVIDER UTILIZATION	MP1
Supplemental Section	AC	ACCESS TO CARE SUPPLEMENT	ACINTRO AC6A, AC9 AC20, AC33
Utilization	OM	OTHER MEDICAL EXPENSES	OM1
Utilization	PMS	PRESCRIBED MEDICINES	PMSINTRA
Utilization	PM	PRESCRIBED MEDICINES	PMINTROA
COST Series	ST	STATEMENT CHARGE SERIES	ST1, ST2, ST4 ST81, ST82
COST Series	PS	POST-STATEMENT CHARGE	NONE
COST Series	NS	NO STATEMENT CHARGE SERIES	NONE
COST Series	CPS	CHARGE PAYMENT SUMMARY	NONE
Supplemental Section	HF	HEALTH STATUS AND FUNCTIONING SUPPLEMENT	HFA1 HFKINTRO HFLINTRO HFN1
Supplemental Section	SC	SATISFACTION WITH CARE SUPPLEMENT	SC1
Supplemental Section	US	USUAL SOURCE OF CARE SUPPLEMENT	US1
Supplemental Section	DI	DEMOGRAPHICS AND INCOME	DIINTROA
Supplemental Section	IA	INCOME AND ASSETS SUPPLEMENT	IAINT8, IAINTRO
Supplemental Section	RX	DRUG COVERAGE SUPPLEMENT	RX1, RXINTRO RX19
Closing	CL	CLOSING	NONE
Closing	EX	CLOSING FOR EXIT INTERVIEW	NONE

**MEDICARE CURRENT BENEFICIARY SURVEY
NATIONAL STUDY - COMMUNITY COMPONENT
SPECIAL KEYS FOR CAPI**

<u>Special Key</u>	<u>CAPI Name</u>	<u>Functions</u>
Enter	Enter	Tells the computer to move the cursor to the next field.
#Shift/5 (RV)	Repeat Visits	When the SP has visited the same provider for the same condition at least 10 times since the last interview, this function enables you to group the visits together by month. At the visit roster: (1) enter the month; (2) enter "shift/5"; (3) enter the year; and, (4) enter the number of visits for that month.
#Shift/7 (&)	Refusal	Stores a "refusal" response in the data file.
#Shift/8 (*)	Don't Know	Stores a "don't know" response in the data file.
Backspace	Backspace	Erases previous character(s) on line where cursor is located.
Delete	Delete	Backs up to a previous cursor location on the same screen, erasing entries as it goes.
#Ctrl/B	Screen Backup	Backs up to the previous screen, erasing entries as it goes.
#Ctrl/L	Leap over	Enables you to leap over unused answer spaces in "code all that apply" questions.
#Ctrl/K	Enter Comments	Calls up a comment window and moves cursor there so a comment can be entered.
#Ctrl/A	Add Line	Adds an entry line on roster and matrix screens.
Space Bar	Erase an X	Deletes an "Xed" selection from a roster screen.
ESC	Escape from Box	Moves you out of any box, for example, comments, rosters, etc. Stores and returns cursor to answer space.
#Ctrl/E	Breakoff	Escapes from the interview or program before completion to accommodate a breakoff. (Interview can be started again at the same place that Ctrl/E was entered.)
#Ctrl/I	Interrupt	Allows interrupt in the flow of the interview in order to correct or review previous entries.

#Note: HOLD DOWN the Shift or Ctrl key while you press the other number or letter key.

STATE ABBREVIATIONS

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY

MEDICARE CURRENT BENEFICIARY SURVEY

NATIONAL STUDY - COMMUNITY COMPONENT

STATEMENT TERMS GLOSSARY

Approved amount -- The amount allowed by Medicare for a particular *covered service*, which is often less than the *provider* charges or bills. Medicare calculates approved amounts in a variety of ways; the system for calculations for physician's services is in the process of being revised considerably over the next few years.

Assignment -- "Accepting assignment" means accepting the Medicare approved amount as full payment for a service.

Beneficiary -- In MCBS, someone covered by Medicare.

Benefit period -- A period of time over which medical costs are aggregated to determine whether deductibles have been met. The benefit period for many Medicare services is the calendar year.

Claim -- A bill submitted to Medicare or to another health insurance plan.

Coinsurance -- OR, **copayments**. The *beneficiary's* share of the *approved amount* for medical services, after any *deductibles* have been met. In Medicare Part B, the coinsurance rate is 20 percent. This rate is sometimes referred to as "80-20." In Part A, the coinsurance rate varies by type of service and how much of the service (e.g., how many days in the hospital) is used. "Copayment" is also the term used to refer to the beneficiary's payment amount for a service provided by a managed care or HMO plan.

Covered services -- Medical services for which Medicare will pay all or part of *approved* charges.

Deductible -- The amount of approved medical expense that must be incurred before Medicare begins to pay. There are separate deductibles for Part A and Part B Medicare-covered services and these can change from year to year.

Doc-in-a-box -- This is also a term that may vary across regions. This is a form of walk-in or clinic care, usually found in or near a mall or strip shopping area. It generally provides primary care, including some emergency care, and attracts individuals who do not rely on a single physician or other source of care.

Dread disease plan -- A kind of insurance that covers the cost of medical care only for certain diseases, such as cancer or stroke.

Extra billing -- The amount a provider bills a beneficiary beyond the Medicare approved amount for a service (see **Assignment**).

Extra cash plan -- Also called a "hospital indemnity plan," a kind of insurance that pays a covered person a fixed amount (say, \$100) for each day spent in a hospital.

Group coverage -- Health insurance provided through an employer, union, or other group, that offers the same plan to a number of people associated with the group at the same cost per person.

Health insurance plan -- A package of benefits for paying for medical care; the "plan" is defined by what services are covered, the conditions for paying and amounts of payment for covered services, and the cost of premium covered persons must pay. The details of a particular plan are usually described formally in a "policy."

Health Maintenance Organization (HMO) -- There are several names for Health Maintenance Organizations. These include: Coordinated care plans, managed care plans and prepaid plans. In addition, competitive medical plans (CMPs), and Health Care Prepayment Plans (HCPPs) are included as prepaid health care. These names may vary by region of the country, some include a Preferred Provider Organization (PPO).

Long-term Care Facility -- A long term care facility is a facility with 3 or more beds; providing either personal care or continuous supervision of residents; is a place or unit certified as a Skilled Nursing Facility (SNF) by Medicare or Medicaid; or is a place or unit certified as a Nursing Facility (NF) by Medicaid.

Long-term Care Insurance -- A form of private health insurance that covers stays in a nursing home, and may cover other health care such as skilled nursing care received at home.

Medicare payment -- The amount Medicare pays on a claim.

Noncovered services -- Medical services for which Medicare will not pay any amount. Dental care is a noncovered service and most prescribed medicines are not covered by Medicare.

Out-of-pocket expenditures -- Out-of-pocket expenditures are a part of the charge(s) that a beneficiary or his/her family have paid/will pay for medical care. This should not include any amount that the SP expects to receive reimbursement for or any amounts that the beneficiary has already received reimbursements for or money from Medicare or a private health insurance plan.

Part A -- The hospital insurance portion of Medicare that covers inpatient care, some nursing home care, and some home health care.

Part B -- The medical insurance portion of Medicare that covers physician services, diagnostic laboratory tests, some medical equipment and supplies, and so on.

Premium -- The amount the beneficiary (or someone else) pays for Medicare coverage. Most other insurance plans have premiums as well, which may be paid in full or in part by the *main insured person*.

Private health insurance -- Health insurance provided by a commercial insurance company such as Blue Cross/Blue Shield.

Provider -- The person or other entity providing a medical service or equipment, e.g., the doctor, therapist, or hospital.

Public health insurance -- A Federal, state, or local government program that pays for all or part of a person's health care. Medicaid is an example of a public health insurance plan.

Reference Date -- A date "bounding" the time a question covers. For the MCBS, the Reference Date is usually the date of the previous interview.

Reference Periods -- A period of time covered by a question. The MCBS *Current Round Reference Period* is generally from the date of the previous interview up to the date of the current interview. The MCBS *Survey Reference Period* generally includes the period of time from the interview 3 rounds back from the current interview to the date of the current interview (e.g., the Round 10 survey reference period begins on the Round 7 interview date and ends on the Round 10 interview date).

Source of payment -- An inclusive term that includes all parties, including insurance and public plans (Medicare) and private payments (family or self out-of-pocket expenses) that pay for medical care. This term includes all sources of payment regardless of the time frame of the payments (e.g., many Medigap plans do not pay until after Medicare has paid the bill). These private payments can take up to a year to be paid.