

Health Insurance Summary (HIS)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
HISINT	HISINTRO	no entry	Now I'd like to review with you the information that we have about health insurance plans that [you/(SP)] had at the time of the last interview.	
HISCORRB	HIS1	code one	[Let's see if there are any other changes we need to make to the health insurance coverage [you/(SP)] had as of (REFERENCE DATE).] [(You/(SP)] had Medicare coverage (through a managed care plan) and (you were/he was/she was) also covered by [READ PLAN NAMES BELOW]./The only health insurance coverage [you/(SP)] had was Medicare (through a managed care plan)] on (REFERENCE DATE). Is that correct?  THIS QUESTION IS ASKING ABOUT PLANS THAT WERE CURRENT BETWEEN [SUMMARY REFERENCE DATE] AND [REFERENCE DATE].	(01) YES, ALL CORRECT AS SHOWN (02) NO, PLAN MISSING (03) NO, PLAN NAME INCORRECT (04) NO, PLAN NEEDS DELETION (05) NO, PLAN STOPPED PRIOR TO (REFERENCE DATE) (-8) Don't Know (-9) Refused
PLAN_DELETION	HIS2	roster	What is the name of the plan that needs deletion? SELECT ONLY ONE PLAN FOR DELETION AT THIS ROSTER.	(01) continuous answer
PLANDVB	HIS2A	verbatim text	BRIEFLY EXPLAIN WHY THE PLAN NEEDS TO BE DELETED. IF THE SP WAS EVER COVERED BY THIS INSURANCE PLAN, PRESS [PgUp] SHIFT/ENTER TO GO BACK ONE SCREEN AND SELECT A DIFFERENT RESPONSE.	(01) continuous answer
PLAN_CORRECT	HIS2B	code one	What is the name of the plan that is incorrect? EDIT ALL PLAN NAMES AT THIS ROSTER.	(01) continuous answer
PLAN_CORRECT_NAME	HIS2B	verbatim text	What is the correct name of the plan listed below?	(01) continuous answer
PLAN_STOPPED	HIS2C	roster	What is the name of the plan that (you were/he was/she was) no longer covered by as of (REFERENCE DATE)? SELECT ONLY ONE PLAN TO STOP IN THE PREVIOUS ROUND AT THIS ROSTER.	(01) continuous answer
HISSTPMM	HIS2D	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
HISSTPDD	HIS2D	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
HISSTPY	HIS2D	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
PLANSVB	HIS2E	verbatim text	BRIEFLY EXPLAIN WHY THE PLAN SHOULD BE STOPPED. IF DATE WHEN PLAN STOPPED IS NOT KNOWN, PROVIDE ANY ADDITIONAL INFORMATION ABOUT WHEN THE PLAN STOPPED.	(01) continuous answer
ADDHITYPE	HIS3	code one	What type of insurance plan needs to be added?	(01) MEDICAID/MEDICAID MANAGED CARE PLAN (02) PUBLIC PLAN OTHER THAN MEDICAID (03) PRIVATE HEALTH INSURANCE PLAN (04) MEDICARE ADVANTAGE PLAN (05) TRICARE (06) MEDICARE PRESCRIPTION DRUG PLAN
PLAN_HISMHMO	HISMC1	roster	What is the name of the Medicare Advantage Plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.  [MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN]	(01) continuous answer
HISMHMOCURR	HISMC2	yes/no	[Were you/Was (SP)] covered by or enrolled in (MEDICARE MANAGED CARE PLAN NAME) on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HISMC1	routing	OTHER THAN THE PLAN SELECTED AT HISMC1, IF ANOTHER MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC3 - HISMHMOCHNG. ELSE GO TO BOX HISMC2.	
HISMHMOCHNG	HISMC3	yes/no	I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Advantage Plan on (REFERENCE DATE). Has this information changed?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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	BOX HISMC2	routing	IF THE PLAN SELECTED AT HIMC1 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE MANAGED CARE PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT" GO TO BOX HISMC2A.	
	BOX HISMC2A	routing	IF THIS MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC4 - MHMORX. ELSE GO TO HIS1 - HISCORRB.	
MHMORX	HISMC4	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have prescribed medicine coverage through (MEDICARE MANAGED CARE PLAN NAME)?  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMODENT	HISMC5	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have dental coverage through (MEDICARE MANAGED CARE PLAN NAME)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMOEYE	HISMC6	yes/no	Did [you/(SP)] have optical coverage through (MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses?	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMONH	HISMC8	yes/no	Did [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care above and beyond what Medicare normally covers?  [EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2016, the first 20 days are paid in full and the next 80 days require a copayment of up to \$161 per day.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMOPAY	HISMC9	yes/no	Besides the cost of [your/(SP's)] Medicare Part B premium, was there an additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may have paid as a co-payment for an office visit or a prescribed medicine.  [EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMOAMT	HISMC10	numeric	Not including the cost of [your/(SP's)] Medicare Part B premium, what was the additional amount that [you/(SP)] paid for (your/his/her) (MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may be paid for anyone other than [you/(SP)].]  [PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	(01) continuous answer (-8) Don't Know (-9) Refused
MHMOUNIT	HISMC10	code one		(01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER (-8) Don't Know (-9) Refused
MHMOUNOS	HISMC10	verbatim text	OTHER (SPECIFY)	(01) continuous answer
MHMOCOST	HISMC11	yes/no	Did anyone else, such as an employer, a union or professional organization pay all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage?  [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
MHMOWHO	HISMC12	code one	Who else paid all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage?	(01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused
MHMOWHOS	HISMC12	verbatim text	OTHER (SPECIFY)	(01) continuous answer
	BOX HIS2AA	routing	CREATE MEDICAID PLAN IN THE PREVIOUS ROUND GO TO HIS6 - COVTIME.	
COVTIME	HIS6	code one	[Were you/Was (SP)] covered by Medicaid the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused
COVNOW	HIS7	yes/no	[Were you/Was (SP)] covered by Medicaid on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
COVBEGMM	HIS8	date	On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGDD	HIS8	date	On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGYY	HIS8	date	On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDMM	HIS9	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDDD	HIS9	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDYY	HIS9	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
MCAIDHMO	HIS10A	yes/no	Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries. [Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan on [(REFERENCE DATE)/(PLAN COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIS2C	routing	IF THERE IS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS1 - HISCORRB. ELSE GO TO HIS10B1 - HISMPDCOVER.	
HISMPDCOVER	HIS10B1	yes/no	Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Prescription Drug plan, although the beneficiary may choose to switch to a different plan.  Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a Medicare Prescription Drug plan that covered medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
MCDRXCOV	HIS10C	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIST1A	routing	CREATE TRICARE PLAN IN THE PREVIOUS ROUND GO TO HIST1 - COVTIME.	
COVTIME	HIST1	code one	[Were you/Was (SP)] covered by TRICARE the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused
COVNOW	HIST2	yes/no	[Were you/Was (SP)] covered by TRICARE on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
TRIRXCOV	HIST3	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor or other health professional?  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
TRIMEDS	HIST3AA	code one	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), where did [you/(SP)] usually obtain (your/his/her) medicines? Did [you/(SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else?	(01) A TRICARE MAIL ORDER PHARMACY (TMOP) (02) A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRX) (03) A MILITARY TREATMENT FACILITY PHARMACY (MTF) (04) A NON-NETWORK RETAIL PHARMACY (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused
TRIMEDOS	HIST3AA	verbatim text	SOMEWHERE ELSE (SPECIFY)	(01) continuous answer
PLAN_HISPUBLIC	HIS12	roster	What is the name of the public program that covered [you/(SP)]? SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER.	(01) continuous answer
NAVIGATOR	HIS12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED
COVTIME	HIS13	code one	[Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused
COVNOW	HIS14	yes/no	[Were you/Was (SP)] covered by (PUBLIC PLAN NAME) on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
COVBEGMM	HIS15	date	On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGDD	HIS15	date	On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGYY	HIS15	date	On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDMM	HIS16	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDDD	HIS16	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused

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COVENDYY	HIS16	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop?	(01) continuous answer (-8) Don't Know (-9) Refused
	BOX HIS2B1	routing	GO TO HIS16A - PUBRXC OV.	
PUBRXC OV	HIS16A	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor or other health professional?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIS3	routing	GO TO HIS12_IN - NAVIGATOR.	
EXCHGCOV	HIS18A	yes/no	SHOW CARD HIS As you may know, every state now offers a health insurance marketplace, also referred to as an exchange.  The marketplace, known as (STATE MARKETPLACE NAME), allows residents to compare and purchase available health insurance options that meet their needs. While most Medicare beneficiaries are not eligible for insurance from a health insurance marketplace, there are some special circumstances that allow enrollment.  Please look at this card. At any time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) [were you/was (SP)] enrolled in or covered by one of these exchange plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PLAN_HISPRIVATE	HIS20	roster	What is the name of each of the (other) private plans that provided [your/(SP's)] medical insurance coverage between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? SELECT OR ADD ONE PRIVATE PLAN NAME AT THIS ROSTER.	(01) continuous answer
NAVIGATOR	HIS20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED
COVTIME	HIS21	code one	[Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time?	(01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused
COVNOW	HIS22	yes/no	[Were you/Was (SP)] covered by (PRIVATE PLAN NAME) on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
COVBEGMM	HIS23	date	On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGDD	HIS23	date	On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVBEGYY	HIS23	date	On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDMM	HIS24	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDDD	HIS24	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?	(01) continuous answer (-8) Don't Know (-9) Refused
COVENDYY	HIS24	date	On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?	(01) continuous answer (-8) Don't Know (-9) Refused
	BOX HIS3A1	routing	GO TO HIS25 - PPRVHMO.	

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PPRVHMO	HIS25	yes/no	CODE WITHOUT ASKING IF VOLUNTEERED. Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?  [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
PERS_HISMIPNUM	HIS26	roster	Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? SELECT OR ADD ONLY ONE PERSON.	(01) continuous answer
PPRVGET	HIS27	code one	For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly with the (insurance company/managed care plan), or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?	(01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused
PPRVGTOS	HIS27	verbatim text	OTHER (SPECIFY)	(01) continuous answer
PRVNMCOV	HIS29	numeric	How many family members, including [yourself/(SP)], were covered by [your/(MIP's)] (PRIVATE PLAN NAME) between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)?	(01) continuous answer (-8) Don't Know (-9) Refused
PRVRXCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]  Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... prescribed medicines?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PRVMSCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]  Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... doctor visits or lab work?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PRVIPCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]  Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... inpatient hospital care?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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PRVNHCOV	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]  Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... nursing home or long term care?	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMODENT	HIS31A	list	Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE).  [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.]  Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... dental care?	(01) YES (02) NO (-8) Don't Know (-9) Refused
MIPPINS	HIS32	yes/no	Was there a premium or cost for the (PRIVATE PLAN NAME) coverage?  [Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may have had to pay.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
MIPPAMT	HIS33	numeric	How much did [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage?  [Please do not include any amount that may be paid for anyone other than [you/(SP)].]  [PROBE IF NECESSARY: Was that per year, per month, per week, or what?]	(01) continuous answer (-8) Don't Know (-9) Refused
MIPPUNIT	HIS33	code one		(01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER (-8) Don't Know (-9) Refused
MIPPUNOS	HIS33	verbatim text	OTHER (SPECIFY)	(01) continuous answer
MHMOCOST	HIS33A	yes/no	Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?  [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
MHMOWHO	HIS33B	code one	Who else paid all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?	(01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused
MHMOWHOS	HIS33B	verbatim text	OTHER (SPECIFY)	(01) continuous answer
	BOX HIS3B	routing	IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMOPOS. ELSE GO TO BOX HIS4.	

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MHMOPOS	HIS33C	yes/no	Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)?  [EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIS4	routing	GO TO HIS20_IN - NAVIGATOR.	
PLAN_HISMPDP	HIS34	roster	What is the name of the Medicare Prescription Drug plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.  [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN]	(01) continuous answer
HISMPDPCURR	HIS35	yes/no	[Were you/Was (SP)] covered by or enrolled in (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (REFERENCE DATE)?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIS5A	routing	OTHER THAN THE PLAN SELECTED AT HIS34, IF ANOTHER MEDICARE PRESCRIPTION DRUG PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS36 - HISMPDPCHNG. ELSE GO TO BOX HIS6.	
HISMPDPCHNG	HIS36	yes/no	I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME) was [your/(SP's)] current Medicare Prescription Drug Plan on (REFERENCE DATE). Has this information changed?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX HIS6	routing	IF THE PLAN SELECTED AT HIS34 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE PRESCRIPTION DRUG PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT" GO TO BOX HIS6A.	
	BOX HIS6A	routing	IF ((HIS35 - HISMPDPCURR = 2/No) OR (HIS36 - HISMPDPCHNG = 2/No)), GO TO HIS37 - PDPYSTOP. ELSE GO TO HIS1 - HISCORRB.	
PDPYSTOP	HIS37	code one	What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage?	(01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH PLAN'S COVERAGE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET DIFFERENT HEALTH CARE COVERAGE (05) PLAN NO LONGER CONTRACTS FOR MEDICARE RX COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) SP MOVED OUT OF PLAN AREA (91) OTHER (-8) Don't Know (-9) Refused
PDPYSTOS	HIS37	verbatim text	OTHER (SPECIFY)	(01) continuous answer
ENDHIS	HISCLOSE	no entry	That covers the health insurance [you/(SP)] had at the time of the last interview. The next questions are about [your/(SP's)] insurance coverage between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).	
	BOX HIS5	routing	GO TO NEXT SECTION (HIQ)	