# Medicare Current Beneficiary Survey

Section Specifications for INF

Round 69

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 - ILTCNAME |
|  | 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