2018 MCBS Facility Instrument IN-Health Insurance

MICH IN REGISTANCE SCRIPTS STATES FOR SAME PRIVE - 678 (FIRS, FIRS, FI	Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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MCAIDHMO N5A yesino Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (skMas) (59) enrolled in a [READ NAME(S) FROM ABOVE] HMO? BOX IN3A routing IF THIS IS A BASELINE INTERVIEW, GO TO IN6 - ICDCRCOV. ELSE GO TO IN18 - IGAPCOV. Was (SP) covered by [READ NAME(S) FROM ABOVE] (on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?] Our records show that (SP) is covered by Medicare. If like to ask some questions about (his/her) Medicare coverage. ICAREPTD IN13A yes/no IN18 yes/no On September 1, (CURRENT YEAR)/FAD/RAD)]? On September 1, (CURRENT YEAR)/FAD/RAD)]? Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/FAD/RAD)]? PRESS F1 FOR PART D DEFINITIONS. 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)? What is the name of the insurance company? IGAPNAME IN19 Text [PROBE: Any others?] [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE. What is the name of the insurance company? (01) Continuous Answer (01) IN19 - IGAPNAM3 (01) IN19 - IGAPNAM3						15 /
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Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]? PRESS F1 FOR PART D DEFINITIONS. 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)? What is the name of the insurance company? IGAPNAME IN19 Text [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE. What is the name of the insurance company? What is the name of the insurance company? (01) Continuous Answer (01) Continuous Answer (01) IN19 - IGAPNAM3 (01) IN19 - IGAPNAM3					I' '	1, ,
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IGAPOV IN18 yes/no some of all charges for inpatient and outpatient nospital and physician services and/or supplements Medicare (-8) Don't Know (-9) Refused (-9) IN20-ILTCCOV	IGAPCOV		yes/no	some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare		
Continuous Answer Cont		IN18			I' '	1, ,
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What is the name of the insurance company?						
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IGAPNANS IN 19 Lext ICPORE: Any others 21 (01) IN 19 - IGAPNAM4	IGAPNAM3	IN19	Text	IDDORE: Any others?	(01) Continuous Answer	(01) IN19 - IGAPNAM4
[PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.						

2018 MCBS Facility Instrument IN-Health Insurance

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			What is the name of the insurance company?		
IGAPNAM4	IN19	Text	[PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IGAPNAM5
IGAPNAM5	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN20 - ILTCCOV
ILTCCOV	IN20	yes/no		(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN22 - ICHACOV (01) IN21 - ILTCNAME (-8) IN22 - ICHACOV (-9) IN22 - ICHACOV
ILTCNAME	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM2
ILTCNAM2	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM3
ILTCNAM3	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM4
ILTCNAM4	IN21	Text	[PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM5
ILTCNAM5	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN22 - ICHACOV
ICHACOV	IN22	Yes/No		(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN23 - IDVACOV (01) IN23 - IDVACOV (-8) IN23 - IDVACOV (-9) IN23 - IDVACOV
IDVACOV	IN23	Yes/No	Was (SP) covered by any other Department of Veterans Affairs (VA) program or contract on [September 1,	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN24 - IPUBCOV (01) IN24 - IPUBCOV (-8) IN24 - IPUBCOV (-9) IN24 - IPUBCOV
IPUBCOV	IN24	Yes/No	(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)]?	(00) NO	(00) BOX IN9 (01) IN25 - IPUBNAME (-8) BOX IN9 (-9) BOX IN9
IPUBNAME	IN25	Text	What (is/was) the name of the public assistance health insurance program?	(01) Continuous Answer	(01) BOX IN9
	BOX IN9	routing	IF SP ALIVE, AND A CFR, FFC, OR FCF AND IS A FALL ROUND, GO TO INBQ13A - IMARSTAT. ELSE GO TO INEND - INENDCT.		
IMARSTAT	INBQ13A	code one		(01)NEVER MARRIED (02) MARRIED (03) WIDOWED (04) DIVORCED (05) SEPARATED (-8) Don't Know (-9) Refused	(01) INEND - INENDCT (02) INEND - INENDCT (03) INEND - INENDCT (04) INEND - INENDCT (05) INEND - INENDCT (-8) INEND - INENDCT (-9) INEND - INENDCT
INENDCT	INEND	code one	(YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.) PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) CONTINUE	(01) BOX INEND
	BOX INEND	routing	GO TO NAVIGATOR		