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
SAVIN FIRST FOR CR. CR. CR. CR. CR. CR. CR. CR. CR. CR				HEALTH INSURANCE SECTION SPECIFICATIONS		
SAUTH Fries CR.				CRITERIA		
FIGURE   CONTROL FOR CONTROL FOR SCHOOL-FILE						
IF SANCE TYPE-INT   19   65 PASSION FALL   PASSION   P						
April						
MOD NINE   Carrier   Car						
DOX NODES   Out   Part   Par						
CONSIST   CONSIST PRINCIPAL   CONSIST PRINCI		DOY INDEC	notime			
CONTRET   NOTIFIED   CONTRET   CONTRIBUTION   CON		BOX INBEG	routing	ELSE GO TO IN1PRE2 - IN1PR2CT.		
COMPRETED   NECOMBER   Date on the   PLACE ROLICATE THE FINAL (CONSENTREFUAL) STATUS FOR THIS SECTION   COST FINAL CONSENT CONTINUE INTERVIEW   COST FINAL CONSENT CONTINUE   COST FINAL CONTINUE INTERVIEW   COST FINAL CONTINUE   COST FINAL C					(01) CONSENT OBTAINED (CONTINUE INTERVIEW)	(01) IN1PRE2 - IN1PR2CT
MOMERCE   MOME	CONDECEN	INCONDE		DI FACE INDICATE THE FINAL (CONCENT/DEFLIAL) OTATHO FOR THIS OFOTION		` '
The following questions are about (SP 9) health insurance.	CONREFFN	INCONREF	code one	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.	j` ,	(03) IN1PRE2 - IN1PR2CT
NIPER2   NIPER2   Ende one   F THERE ARE NO CONSENT OR AFFUSAL ISSUES FOR THIS SECTION, PRESS***** TO CONTINUE   (0); CONSENT REQUIRED   (00); INTIAL REFUSAL   (03); NEND - NENDOT   (03); NEND - N					(04) FINAL REFUSAL	(04) INEND - INENDCT
NIPER2   NIPER2   Ende one   F THERE ARE NO CONSENT OR AFFUSAL ISSUES FOR THIS SECTION, PRESS***** TO CONTINUE   (0); CONSENT REQUIRED   (00); INTIAL REFUSAL   (03); NEND - NENDOT   (03); NEND - N				The following guestions are about (SP's) health insurance.	LOW CONTINUE	(24) 204 112
ITHELE AND CONSIDER OF CONCEPTION PARTY PROPERTY AND EXCEPTION PARTY PROPERTY AND PROPERTY PARTY PROPERTY PARTY	INI1PR2CT	INI1DDE2	code one	3 4	I' '	
BOX IN3	1141111201	IIVII IXLZ	Code one	IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.	` '	I' '
BOX.NS   DOUTING   SEEL THAIRS - A ANGELINE NITEWINEW AND MEDICAD COLLECTED AND INMICOPLIC - ON MINISTER COLLECTED ON INMICIPATE - ON MINISTER C				IF THIS IS A BASELINE INTERVIEW AND MEDICAID NOT COLLECTED OR INMCDFLG = 1/Indicated. GO TO		
BOX IN3   Todag				IN1 - ICAIDECO.		
ELSE IF IT HIS IS NOT A BASELINE IN TRYPRIEW AND MEDICAID NOT COLLECTED OR INMCOFI G = 1 thindicated, GO TO IN AL ICARDOW.   (00) INTO AL ICARDOW.   (00) INTO AL ICARDOW.   (00) INTO AL ICARDOW.   (01) INSA ACCADISMO   (02) INTO AL ICARDOW.   (01) INSA ACCADISMO   (02) INTO AL ICARDOW.   (03) INTO AL ICARDOW.   (03		DOV ING	and the se		-	
Introducted (a) OT D NTA - (CARPOW)   ELSE GO TO INST - (CARPOW)   CONTROL   CARPOW   CAR		BOX IN3	routing			
CAIDECO   N1   Yeshto   Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]						
CAIDECO   IN1				ELSE GO TO IN18 - IGAPCOV.		
IncalDECO   Instance					I' '	I' '
CAIDNOW   NITA   Yes/no	ICAIDECO	IN1	ves/no	Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]?		` '
CAIDNOW   N1A   yes/no   (The Isal time we asked about (SPS) health insurance, (he/she) was not covered by [READ NAME(S) FROM ABOVE]? (0) YES (0) PREINING (2) NIA - ICARCOV			ľ	That (of y ever book severed by [NETE TO time (e)   The int / 15 ever.].		
CAIDNOW   N1A   Yesina   Title last time we saked about (SP's) health insurance, (heidne) was not covered by [READ NAME(S) FROM (2) PENDING (2) PEND						
ICAIDNOW   IN1A   yes/no	ICAIDNOW	IN1A	yes/no			` '
ABOVED    8 (SP) NOW Govered by [READ NAME(S) FROM ABOVED    (e)   Dort Know   (e)   Retused   (e)   NNES   IGAPCOV   (e)   Retused   (e)   Retused   (e)   NNES   IGAPCOV					I' '	` '
MCAIDHMO IN5A Vesino Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (s/was) (SP) enrolled in a (READ NAME(S) FROM ABOVE) HMO?  BOX IN3A routing IF THIS IS A BASELINE INTERVIEW, GO TO INS - ICDGRCOV. LEUSE GO TO IN18 - IGAPCOV.  ICDGRCOV IN6 Vesino						` '
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						
MORALDHINU   INDA		IN5A	yes/no	beneficiaries. (Is/Was) (SP) enrolled in a [READ NAME(S) FROM ABOVE] HMO?		
BOX IN3A   routing     IF THIS IS A BASELINE INTERVIEW, GO TO IN6 - ICDCRCOV.	MCAIDHMO				I' '	` '
ELSE GOT OIN18 - IGAPCOV.   IN6					I' '	1, ,
ICDCRCOV   IN6   Was (SP) covered by [READ NAME(S) FROM ABOVE] [on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?]   (8) IN13A - ICAREPTD   (1) IN13A - ICAREPTD   (1) IN13A - ICAREPTD   (2) IN13A - ICAREPTD   (3) IN13A - ICAREPTD   (4) IN13A - ICAREPTD   (5) IN13A - ICAREPTD   (6) IN13A - ICAREPTD   (6) IN13A - ICAREPTD   (7) IN13A - ICAREPTD   (7) IN13A - ICAREPTD   (7) IN13A - ICAREPTD   (8) IN13A - ICAREPTD   (8) IN13A - ICAREPTD   (9) IN13A - ICAREPTD   (1) IN13A - ICAREP		BOX IN3A	routing	· ·		
admitted on (FAD/RAD)?]    Carrect   Admitted on (FAD/RAD)?]   Carrect   Admitted on (FAD/RAD)?]   Carrect   Carrect				LEGE GO TO INTO-IGAL COV.	(00) NO	(00) IN13A - ICAREPTD
CAREPTD   IN13A   CAREPTD   Coverage   Cov	ICDCRCOV	IN6	ves/no		I' '	I' '
Our records show that (SP) is covered by Medicare. I'd like to ask some questions about (his/her) Medicare coverage.  IN13A  yes/no  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]?  What is the name of the insurance company?	ICDCRCOV		, 55, 110	admitted on (FAD/RAD)?]		1, ,
IN13A   yes/no			<u> </u>	Our records show that (SP) is covered by Medicare. I'd like to ask some questions about (his/her) Medicare	(-o) Neluseu	(-0) INTOM - TOMINET TO
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, ,
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)?  IGAPNAME IN19 Text [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  What is the name of the insurance company?  IGAPNAM2 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?  IGAPNAM3  What is the name of the insurance company?  What is the name of the insurance company?  What is the name of the insurance company?	ICAREPTD	IN13A	yes/no	Was (SD) covered by Part D of Medicare on [September 1 (CLIDDENT VEAD)/(EAD/DAD)]?	I' '	` '
PRESS F1 FOR PART D DEFINITIONS.				was (Sr ) covered by rait b of Medicale on [September 1, (Conticint 1 LAIT)/(1 Ab/ITAb)]:	I' '	1, ,
IGAPCOV IN18 yes/no by some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare (Medigap policy)?  IGAPNAME IN19 Text [PROBE: Any others?]  IGAPNAM2 IN19 Text [PROBE: Any others?]  IGAPNAM2 IN19 Text [PROBE: Any others?]  IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  What is the name of the insurance company?  IGAPNAM3 [PROBE: Any others?]  IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  What is the name of the insurance company?				PRESS F1 FOR PART D DEFINITIONS.		,
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' '	` '
IGAPNAME IN19 Text [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  What is the name of the insurance company?  IGAPNAM2 IN19 Text [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  (01) Continuous Answer (01) IN19 - IGAPNAM3  (01) IN19 - IGAPNAM3  (01) IN19 - IGAPNAM3				1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	I' '	1, ,
IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.   IGAPNAM2				What is the name of the insurance company?		
IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.  What is the name of the insurance company?  IGAPNAM2 IN19 Text  [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	IGAPNAME	IN19	Text	[PROBE: Any others?]	(01) Continuous Answer	(01) IN19 - IGAPNAM2
IGAPNAM2 IN19 Text [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) Continuous Answer						
[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?		
IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE. What is the name of the insurance company?	IGAPNAM2	IN19	Text	IDDORE: Any others?	(01) Continuous Answer	(01) IN19 - IGAPNAM3
What is the name of the insurance company?						
ICADNAMA INIO						
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
			What is the name of the insurance company?		
IGAPNAM5	IN19	Text	[PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES. PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN20 - ILTCCOV
ILTCCOV	IN20	yes/no	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?	(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	What is the name of the insurance company?  [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	Was (SP) covered by either TRICARE or CHAMPVA for hospital or physician care on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	(00) NO (01) YES (-8) Don't Know	(00) IN23 - IDVACOV (01) IN23 - IDVACOV (-8) IN23 - IDVACOV
			PRESS F1 FOR EXPLANATION OF TRICARE AND CHAMPVA.	(-9) Refused	(-9) IN23 - IDVACOV
IDVACOV	IN23	Yes/No	Was (SP) covered by any other Department of Veterans Affairs (VA) program or contract on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	(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.		
IMARSTAT	INBQ13A	code one	Is (SP) currently married, widowed, divorced, separated, or never married?	(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		