

MCBS MAIN STUDY -- ROUND 49, FALL 2007

COMMUNITY COMPONENT

DM. DISCOUNT/SAVINGS MEMBERSHIP

BOX DM1	<p>IF THE SP HAD ANY DM DURING THE PREVIOUS ROUND (DMHAVE = 1 IN PREVIOUS ROUND), GO TO DM1.</p> <p>IF THIS IS THE SP'S EXIT INTERVIEW AND THE PREVIOUS INTERVIEW WAS <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO <b>BOX UTS1A</b>.</p> <p>IF THE SP DID NOT HAVE ANY DMs IN THE PREVIOUS ROUND (NO DMHAVE = 1 IN PREVIOUS ROUND), GO TO DM2INTRO.</p>
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DM1. During the last interview, we recorded that (you/SP) had (NAME OF DM), a discount or savings card or membership (that covered [READ SERVICES BELOW]). Did (you/SP) have the (NAME OF DM) discount or savings card or membership at any time [since (REF. DATE)/between (REF. DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

(DISPLAY DM4 RESPONSES)

[EXPLAIN IF NECESSARY: A discount or savings card or membership helps people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.]

<b>DMHAVE</b>	YES .....	1	<b>BOX DM2</b>
	NO .....	2	<b>BOX DM3</b>
	REFUSED .....	-7	<b>BOX DM3</b>
	DON'T KNOW .....	-8	<b>BOX DM3</b>

DM2INTRO. I'd like to ask about (a/another) type of health care coverage that some people have.

[PRESS ENTER TO CONTINUE.]

DM2. At any time since (REF. DATE), did (you/SP) have (a/any other) health care discount or savings card or membership that offered discounts on prescription drug purchases or other health services(, besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW])? Do not include any state-run prescription discount programs [discounts available through (your/SP's) (health insurance plan(s)/Medicare health plan./health insurance plan(s) or Medicare health plan./Also, do not include)] (or) discounts that some stores offer on all items throughout the store or on non-health related items.

[EXPLAIN IF NECESSARY: A discount or savings card or membership is not health insurance. Discount savings cards or memberships help people get a discount on services not covered by Medicare health plans, such as dental or vision care, hearing aids, or some prescription drugs.]

(DISPLAY NAMES OF DMs WITH DMHAVE = 1 THIS ROUND)

<b>DMEMNEW</b>	YES .....	1	(DM3)
	NO .....	2	<b>BOX DM4</b>
	REFUSED .....	-7	<b>BOX DM4</b>
	DON'T KNOW .....	-8	<b>BOX DM4</b>

DM3. What is the name of the discount savings membership or coverage? If you have a card or other paper that shows the name, it would be helpful for me to enter the name from that.

[ENTER ONLY ONE NAME.]

[VERIFY NAME AND SPELLING FROM THE CARD IF AVAILABLE. USE CTRL/K TO ENTER FULL NAME IF ENTIRE NAME DOES NOT FIT ON THE ENTRY LINE BELOW.]

**DMNAME**

NAME OF DISCOUNT/SAVINGS MEMBERSHIP

BOX DM2	<p>SET DMHAVE = 1 FOR THIS DM.</p> <p>IF THIS IS A FALL "SUPPLEMENTAL" ROUND OR IF THIS DM REPORTED FOR THE FIRST TIME THIS ROUND IN DM OR IN A SOP ROSTER, GO TO DM4. OTHERWISE, GO TO <b>BOX DM3</b>.</p>
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DM3a OMITTED IN ROUND 42.

DM3b OMITTED IN ROUND 45.

DM3c OMITTED IN ROUND 45.

DM4. What types of services are covered by (your/SP's) (NAME OF DM) discount savings membership or coverage?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD DM1	<p><b>DMDRUGS</b> PRESCRIPTION DRUGS..... 1</p> <p><b>DMEYES</b> OPTICAL/EYE CARE/VISION..... 2</p> <p><b>DMTEETH</b> DENTAL/PERIODONTIA/DENTURES/ ORTHODONTIA ..... 3</p> <p><b>DMEARS</b> HEARING AIDS..... 4</p> <p><b>DMEQUIP</b> HOME HEALTH CARE/EQUIPMENT/ SUPPLIES..... 5</p> <p><b>DMVMINS</b> NUTRITIONAL SUPPLEMENTS/VITAMINS 6</p> <p><b>DMCHIRO</b> ALTERNATIVE MEDICAL CARE ..... 7</p> <p><b>DMHOSP</b> HOSPITAL EXPENSES ..... 8</p> <p><b>DMNONMED</b> NON-MEDICAL ITEMS OR SERVICES ..... 9</p> <p><b>DMSEROTH</b> OTHER (SPECIFY)..... 91</p> <p>REFUSED ..... -7</p> <p><b>DMSERVOS</b> DON'T KNOW ..... -8</p>
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DM5. (Is/Was) there a fee or charge for the discount savings membership or coverage? This would include any enrollment fee or a premium amount to obtain the membership or card.

**DMENROLL** YES ..... 1 (DM6)  
 NO ..... 2 (DM6a)  
 REFUSED ..... -7 (DM6a)  
 DON'T KNOW ..... -8 (DM6a)

DM6. What is the fee or charge?

**DMFEEAMT** AMOUNT: .....  
**DMFEEDPAY** PER YEAR ..... 1  
 QUARTERLY/EVERY 3 MONTHS ..... 2  
 BIMONTHLY/EVERY 2 MONTHS ..... 3  
 PER MONTH ..... 4  
 PER WEEK ..... 5  
 SEMI-ANNUALLY/2 TIMES PER YEAR ..... 6  
 SEMI-MONTHLY/2 TIMES PER MONTH ..... 7  
**DMFEEOS** ONE-TIME FEE/CHARGE ..... 8  
 OTHER (SPECIFY) ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

DM6a. INTERVIEWER: ENTER ANY ADDITIONAL INFORMATION FROM THE DM CARD, BROCHURE, OR OTHER DOCUMENT THAT WILL HELP DETERMINE THE SOURCE OR SPONSOR OF THIS DISCOUNT MEMBERSHIP. INCLUDE ANY PHONE NUMBER, ADDRESS, OR PLAN SPECIFICS THAT HAVE NOT ALREADY BEEN ENTERED AT PREVIOUS QUESTIONS.

**DMSOURCE** NO ADDITIONAL INFORMATION ..... 1

RECORD ALL ADDITIONAL INFORMATION BELOW: .... 91

**DMSRCVB1** \_\_\_\_\_

**DMSRCVB2** \_\_\_\_\_

**DMSRCVB3** \_\_\_\_\_

BOX DM3	<p>IF COMING FROM SOP ROSTER, GO TO <b>BOX ST62c/BOX NS17c/BOX CPS8Bd/CPS20</b>, AS APPROPRIATE.</p> <p>IF THIS DM WAS IN THE PREVIOUS ROUND, GO TO DM1 FOR THE NEXT DM WHERE DMHAVE = 1 IN THE PREVIOUS ROUND. IF DM1 CYCLED THROUGH FOR ALL DMs FROM THE PREVIOUS ROUND, GO TO DM2.</p> <p>IF THIS DM WAS NOT IN THE PREVIOUS ROUND, GO TO DM7.</p>
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DM7. At any time since (REF. DATE), did (you/SP) have any other discount or savings card or membership besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW.]?

(DISPLAY NAMES OF DMs WITH DMHAVE = 1 THIS ROUND)

<b>TEMP</b>	YES .....	1 (DM3)
	NO .....	2 <b>BOX DM4</b>
	REFUSED .....	-7 <b>BOX DM4</b>
	DON'T KNOW .....	-8 <b>BOX DM4</b>

BOX DM4	IF SUPPLEMENTAL SAMPLE (INTERVIEW TYPE = 3), GO TO ACINTRO. IF CONTINUING SAMPLE AND UTILIZATION COLLECTED IN THE PREVIOUS INTERVIEW (INTERVIEW TYPE = 1, 4, OR 9), GO TO <b>BOX UTS1A</b> .  OTHERWISE, GO TO <b>BOX DU1A</b> .
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DM Addendum

Segments: DMEM  
DMRO  
HRND

DM2. If current round PLRO exists for any plan where PLANTYPE = 4, SP has private health insurance.  
If current round PLRO exists for any plan where PLANTYPE = 5, SP has Medicare managed care plan.