

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                               | Code List                                                                                                                                    | Routing                                                                                                                |
|---------------|----------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|               |                |               | <b>HEALTH INSURANCE SECTION SPECIFICATIONS</b><br><br><u>CRITERIA</u><br>SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR<br><br>SEASON<br>If SAMPLE_TYPE= CFR, then SEASON=FALL<br>If SAMPLE_TYPE in (CFC, FFC, FCF), then SEASON= ALL<br>If SAMPLE_TYPE= IPR, then SEASON= FALL<br><br><u>PLACEMENT</u><br>Administered in flexible order after FQ and RH sections are completed. |                                                                                                                                              |                                                                                                                        |
|               | BOX INBEG      | routing       | IF INDISP = 1/ConsentRequired OR INDISP = 4/InitialRefusal, GO TO INCONREF - CONREFFN.<br>ELSE GO TO IN1PRE2 - IN1PR2CT.                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                                                                        |
| CONREFFN      | INCONREF       | code one      | PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.                                                                                                                                                                                                                                                                                                     | (01) CONSENT OBTAINED (CONTINUE INTERVIEW)<br>(02) FINAL CONSENT DENIED<br>(03) REFUSAL CONVERTED (CONTINUE INTERVIEW)<br>(04) FINAL REFUSAL | (01) IN1PRE2 - IN1PR2CT<br>(02) INEND - INENDCT<br>(03) IN1PRE2 - IN1PR2CT<br>(04) INEND - INENDCT                     |
| IN1PR2CT      | IN1PRE2        | code one      | The following questions are about (SP's) health insurance.<br><br>IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.                                                                                                                                                                                                                    | (01) CONTINUE<br>(02) CONSENT REQUIRED<br>(03) INITIAL REFUSAL                                                                               | (01) BOX IN3<br>(02) INEND - INENDCT<br>(03) INEND - INENDCT                                                           |
|               | BOX IN3        | routing       | IF THIS IS A BASELINE INTERVIEW GO TO IN1 - ICAIDECO.<br><br>ELSE IF THIS IS NOT A BASELINE INTERVIEW GO TO IN1A - ICAIDNOW.                                                                                                                                                                                                                                            |                                                                                                                                              |                                                                                                                        |
| ICAIDECO      | IN1            | yes/no        | Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]?                                                                                                                                                                                                                                                                                                                | (00) NO<br>(01) YES<br>(02) PENDING<br>(-8) Don't Know<br>(-9) Refused                                                                       | (00) IN13A - ICAREPTD<br>(01) IN5A-MCAIDHMO<br>(02) IN13A - ICAREPTD<br>(-8) IN13A - ICAREPTD<br>(-9) IN13A - ICAREPTD |
| ICAIDNOW      | IN1A           | yes/no        | Is (SP) now covered by [READ NAME(S) FROM ABOVE]?                                                                                                                                                                                                                                                                                                                       | (00) NO<br>(01) YES<br>(02) PENDING<br>(-8) Don't Know<br>(-9) Refused                                                                       | (00) IN18 - IGAPCOV<br>(01) IN5A-MCAIDHMO<br>(02) IN18 - IGAPCOV<br>(-8) IN18 - IGAPCOV<br>(-9) IN18 - IGAPCOV         |
| MCAIDHMO      | IN5A           | yes/no        | 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?                                                                                                                                                                                   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused                                                                                       | (00) BOX IN3A<br>(01) BOX IN3A<br>(-8) BOX IN3A<br>(-9) BOX IN3A                                                       |
|               | BOX IN3A       | routing       | IF THIS IS A BASELINE INTERVIEW, GO TO IN6 - ICDRCOV.<br>ELSE GO TO IN18 - IGAPCOV.                                                                                                                                                                                                                                                                                     |                                                                                                                                              |                                                                                                                        |

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| ICDCRCOV      | IN6            | yes/no        | Was (SP) covered by [READ NAME(S) FROM ABOVE] [on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?]                                                                                                                                    | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN13A - ICAREPTD<br>(01) IN13A - ICAREPTD<br>(-8) IN13A - ICAREPTD<br>(-9) IN13A - ICAREPTD |
| ICAREPTD      | IN13A          | yes/no        | Our records show that (SP) is covered by Medicare. I'd like to ask some questions about (his/her) Medicare coverage.<br><br>Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)]/(FAD/RAD)/DOD]?<br><br>PRESS F1 FOR PART D DEFINITIONS. | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN18 - IGAPCOV<br>(01) IN18 - IGAPCOV<br>(-8) IN18 - IGAPCOV<br>(-9) IN18 - IGAPCOV         |
| IGAPCOV       | IN18           | yes/no        | On [September 1, (CURRENT YEAR)]/(FAD/RAD)/DOD], 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)?                  | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN 20-ILTCCOV<br>(01) IN19-IGAPNAME<br>(-8) IN20-ILTCCOV<br>(-9) IN20-ILTCCOV               |
| IGAPNAME      | IN19           | Text          | What is the name of the insurance company?<br><br>[PROBE: Any others?]<br>IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.                                                                                                                      | (01) Continuous Answer                                 | (01) IN19 - IGAPNAM2                                                                             |
| IGAPNAM2      | IN19           | Text          | What is the name of the insurance company?<br><br>[PROBE: Any others?]<br>IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.                                                                                                                      | (01) Continuous Answer                                 | (01) IN19 - IGAPNAM3                                                                             |
| IGAPNAM3      | IN19           | Text          | What is the name of the insurance company?<br><br>[PROBE: Any others?]<br>IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.                                                                                                                      | (01) Continuous Answer                                 | (01) IN19 - IGAPNAM4                                                                             |
| IGAPNAM4      | IN19           | Text          | What is the name of the insurance company?<br><br>[PROBE: Any others?]<br>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?<br><br>[PROBE: Any others?]<br>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)/DOD], 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<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN22 - ICHACOV<br>(01) IN21 - ILTCNAME<br>(-8) IN22 - ICHACOV<br>(-9) IN22 - ICHACOV        |

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| ILTCNAME      | IN21           | Text          | What is the name of the insurance company?<br>[PROBE: Any others?]                                                                                                                   | (01) Continuous Answer                                 | (01) IN21 - ILTCNAM2                                                                     |
| ILTCNAM2      | IN21           | Text          | What is the name of the insurance company?<br>[PROBE: Any others?]                                                                                                                   | (01) Continuous Answer                                 | (01) IN21 - ILTCNAM3                                                                     |
| ILTCNAM3      | IN21           | Text          | What is the name of the insurance company?<br>[PROBE: Any others?]                                                                                                                   | (01) Continuous Answer                                 | (01) IN21 - ILTCNAM4                                                                     |
| ILTCNAM4      | IN21           | Text          | What is the name of the insurance company?<br>[PROBE: Any others?]                                                                                                                   | (01) Continuous Answer                                 | (01) IN21 - ILTCNAM5                                                                     |
| ILTCNAM5      | IN21           | Text          | What is the name of the insurance company?<br>[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)/DOD]?<br><br>PRESS F1 FOR EXPLANATION OF TRICARE AND CHAMPVA. | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN23 - IDVACOV<br>(01) IN23 - IDVACOV<br>(-8) IN23 - IDVACOV<br>(-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)/DOD]?                                                | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) IN24 - IPUBCOV<br>(01) IN24 - IPUBCOV<br>(-8) IN24 - IPUBCOV<br>(-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)/DOD]?                    | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) BOX IN9<br>(01) IN25 - IPUBNAME<br>(-8) BOX IN9<br>(-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.<br>ELSE GO TO INEND - INENDCT.                                                                    |                                                        |                                                                                          |

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| IMARSTAT      | INBQ13A        | code one      | Is (SP) currently married, widowed, divorced, separated, or never married?                                | (01) NEVER MARRIED<br>(02) MARRIED<br>(03) WIDOWED<br>(04) DIVORCED<br>(05) SEPARATED<br>(-8) Don't Know<br>(-9) Refused | (01) INEND - INENDCT<br>(02) INEND - INENDCT<br>(03) INEND - INENDCT<br>(04) INEND - INENDCT<br>(05) INEND - INENDCT<br>(-8) INEND - INENDCT<br>(-9) INEND - INENDCT |
| INENDCT       | INEND          | code one      | YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.<br>PRESS "1" TO RETURN TO NAVIGATION SCREEN. | (01) CONTINUE                                                                                                            | (01) BOX INEND                                                                                                                                                       |
|               | BOX INEND      | routing       | GO TO NAVIGATOR                                                                                           |                                                                                                                          |                                                                                                                                                                      |