

MAIN STUDY - ROUND 13
COMMUNITY COMPONENT
HI. HEALTH INSURANCE

BOX HIS1A	IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX UTS1A . OTHERWISE, GO TO HIINTRO IF NO PREVIOUS HEALTH INSURANCE DATA OR GO TO HISINTRO IF PREVIOUS HEALTH INSURANCE DATA.
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HISINTRO. Now I'd like to review with you the information we have about health insurance plans that (you/SP) had at the time of the last interview.

[HAND HEALTH INSURANCE SUMMARY PAGE TO R.]

[PRESS ENTER TO CONTINUE.]

HIS1. [Let's see if there are any other changes we need to make to the health insurance coverage (you/SP) had as of the (PREVIOUS ROUND INTERVIEW DATE).] [(You/SP) had Medicare coverage and (you were/he was/she was) also covered by (READ PLAN NAMES BELOW)/The only health insurance coverage (you/SP) had was Medicare] on (PREVIOUS ROUND INTERVIEW DATE). Is that correct?

YES, ALL CORRECT AS SHOWN 1 (HISCLOSE)
NO, PLAN MISSING 2 (HIS3)
NO, PLAN NAME INCORRECT 3 (HIS2)
NO, PLAN NEEDS DELETION 4 (HIS2)
DON'T KNOW -8 (HISCLOSE)

HIS2. [What is the name of the plan that (is incorrect/needs deletion)?]

BOX HIS1	RETURN TO HIS1.
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HIS3. [What type of insurance plan needs to be added?]

MEDICAID 1 **BOX HIS2**
PUBLIC PLAN OTHER THAN MEDICAID 2 **BOX HIS2**
PRIVATE HEALTH INSURANCE PLAN 3 **BOX HIS2**

BOX HIS2	IF 1, ASK HIS6 - HIS10, THEN RETURN TO HIS1. IF 2, ASK HIS12 - HIS16, THEN RETURN TO HIS1. IF 3, ASK HIS20 - HIS33, THEN RETURN TO HIS1.
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HIS4 and HIS5 omitted.

HIS6. (Were you/Was SP) covered by Medicaid the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

COVTIME	The whole time	1 (HIS10)
	Part of the time	2 (HIS7)
	REFUSED	-7 (HIS1)
	DON'T KNOW	-8 (HIS1)

HIS7. (Were you/Was SP) covered by Medicaid on (PREVIOUS ROUND INTERVIEW DATE)?

COVNOW	YES	1 (HIS8)
	NO	2 (HIS9)
	REFUSED	-7 (HIS1)
	DON'T KNOW	-8 (HIS1)

HIS8. On what date did (your/SP's) MEDICAID start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

COVBEGMM	_____ / _____ / _____	(HIS10)
COVBEGDD	MONTH DAY YEAR	
COVBEGYY		

HIS9. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) MEDICAID coverage stop?

COVENDMM	_____ / _____ / _____	(HIS1)
COVENDDD	MONTH DAY YEAR	
COVENDYY		

HIS10. May I please see (your/SP's) MEDICAID card to verify the date of coverage?
[IF DATE NOT SHOWN, CODE AS "CURRENT."]

AIDTYPE	CARD AVAILABLE, CURRENT	1 (HIS1)
	CARD AVAILABLE, EXPIRED	2 (HIS1)
	CARD NOT AVAILABLE, OR NOT SEEN	3 (HIS1)
AIDTYPOS	OTHER CARD SEEN (SPECIFY) _____	91 (HIS1)

HIS11 OMITTED.

HIS12. What is the name of the public program that covered (you/SP)?
[ENTER ALL PUBLIC PROGRAMS.]

PLNAME

HIS13. (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

COVTIME THE WHOLE TIME 1 **BOX HIS3**
 PART OF THE TIME 2 (HIS14)
 REFUSED -7 **BOX HIS3**
 DON'T KNOW -8 **BOX HIS3**

HIS14. (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

COVNOW YES 1 (HIS15)
 NO 2 (HIS16)
 REFUSED -7 **BOX HIS3**
 DON'T KNOW -8 **BOX HIS3**

HIS15. On what date did (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

COVBEGMM _____ / _____ / _____ **BOX HIS3**
COVBEGDD MONTH DAY YEAR
COVBEGYY

HIS16. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage stop?

COVENDMM _____ / _____ / _____ **BOX HIS3**
COVENDDD MONTH DAY YEAR
COVENDYY

HIS17/HIS18 OMITTED.

BOX HIS3	GO TO HIS13 FOR NEXT PUBLIC PLAN ADDED AT HIS12. IF NO OTHER PUBLIC PLAN, THEN GO TO HIS1.
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HIS20. What is the name of each of the other private plans that provide (your/SP's) medical insurance coverage?
 [ENTER ALL PRIVATE PLANS.]

PLNAME
PLANSUMM

HIS21. (Were you/Was SP) covered by (HIS20 PLAN NAME) the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

COVTIME The whole time 1 (HIS25)
 Part of the time 2 (HIS22)
 REFUSED -7 (HIS25)
 DON'T KNOW -8 (HIS25)

HIS22. (Were you/Was SP) covered by (HIS20 PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

COVNOW	YES	1 (HIS23)
	NO	2 (HIS24)
	REFUSED	-7 (HIS25)
	DON'T KNOW	-8 (HIS25)

HIS23. On what date did (your/SP's) coverage under (HIS20 PLAN NAME) start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

COVBEGMM	_____ / _____ / _____	(HIS25)
COVBEGDD	MONTH DAY YEAR	
COVBEGYY		

HIS24. On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) coverage under (HIS20 PLAN NAME) stop?

COVENDMM	_____ / _____ / _____	(HIS25)
COVENDDD	MONTH DAY YEAR	
COVENDYY		

HIS25. [CODE WITHOUT ASKING IF VOLUNTEERED.]

(Is/Was) this an HMO (Health Maintenance Organization)?

[HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of health care services.]

PRVHMO	YES	1
PLHMOERR	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HIS26. Who (is/was) listed as the main insured person on the (HIS20 PLAN NAME) policy or contract?
[ENTER ONLY ONE PERSON.]

PLMIPNUM
MIPNUM

HIS27. For the (HIS20 PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

PRVGET	DIRECTLY	1 (HIS29)
PPRVGET	(MIP's) CURRENT EMPLOYER	2 (HIS28)
	(MIP'S) FORMER EMPLOYER	3 (HIS28)
	(MIP'S) UNION	4 (HIS29)
	(MIP'S) FAMILY BUSINESS	5 (HIS28)
	AARP.....	6 (HIS29)
	DECEASED SPOUSE'S EMPLOYER	7 (HIS28)
	DECEASED SPOUSE'S UNION	8 (HIS29)
	PROFESSIONAL/FRATERNAL ORGANIZATION	9 (HIS29)
	SOME OTHER WAY (SPECIFY)	91 (HIS29)
PRVGETOS	REFUSED	-7 (HIS29)
PPRVGTOS	DON'T KNOW	-8 (HIS29)

HIS28. What kind of business or industry is (RESPONSE IN HIS27)? That is, what does (RESPONSE IN HIS27) make or do?
RECORD VERBATIM.

PRVBUS1	_____	PPRVBUS1
PRVBUS2	_____	PPRVBUS2
PRVBUS3	_____	PPRVBUS3
INDCODE		PINDCODE

HIS29. How many family members, including (yourself/SP), were covered by (your/MIP's) (HIS20 PLAN NAME) between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

PRVNMCOV NUMBER COVERED: _____

HIS30. Did (your/MIP's) (HIS20 PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HIS31. Would (your/MIP's) (HIS20 PLAN NAME) plan have covered any part of a stay in a nursing home?

PRVNHCOV	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HIS32. Did (you/MIP) pay any or all of the premium or cost for the (HIS20 PLAN NAME) coverage?
[Do not include the cost of any deductibles (you/SP) or (your/SP's) family may have had to pay.]

MIPPINS	YES	1	(HIS33)
	NO	2	BOX HIS4
	REFUSED	-7	BOX HIS4
	DON'T KNOW	-8	BOX HIS4

HIS33. How much did (you/MIP) pay for the (HIS20 PLAN NAME) coverage?
[PROBE IF NECESSARY: Was that per year, per month, per week, or what?]

	AMOUNT: \$ _____		
MIPPAMT	PER YEAR	1	BOX HIS4
MIPPUNIT	QUARTERLY/EVERY 3 MONTHS	2	BOX HIS4
	BIMONTHLY/EVERY 2 MONTHS	3	BOX HIS4
	PER MONTH	4	BOX HIS4
	PER WEEK	5	BOX HIS4
	SEMI-ANNUALLY/2 TIMES PER YEAR	6	BOX HIS4
	SEMIMONTHLY/2 TIMES PER MONTH	7	BOX HIS4
	REFUSED	-7	BOX HIS4
	DON'T KNOW	-8	BOX HIS4
MIPPUNOS	OTHER (SPECIFY)	91	BOX HIS4

BOX HIS4	CYCLE THROUGH QUESTIONS HIS21 - HIS33 FOR EACH PRIVATE PLAN REPORTED AT HIS20. WHEN ALL PLANS ADDED HAVE BEEN DISCUSSED RETURN TO HIS1, LISTING EACH PLAN NAME REPORTED IN HIS20.
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HISCLOSE That covers the health insurance (you/SP) had at the time of the last interview. The next questions are about the time between (PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).

BOX HI1	IF SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI6 FOR THIS ROUND. IF SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI5INTRO.
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HIINTRO. [PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under the Privacy Act of 1974, providing us (your/SP's) number is a voluntary decision and the benefits (you/SP) may be receiving under this program will not be affected by your decision.
[PRESS ENTER TO CONTINUE.]

HI1. People covered by Medicare usually have a card that looks like this. (Do you/Does SP) have such a card?



MCCARD

YES 1 (H14)
NO 2 (H12)

(SP/PROXY) REPORTS THAT (HE/SHE/SP)

IS NOT ELIGIBLE FOR MEDICARE 3 (HI2)
REFUSED -7 (HI5INTRO)
DON'T KNOW -8 (HI2)

HI2. (Are you/Is SP) eligible for benefits from the Railroad Retirement Board?

RRBELIG

YES 1 (H13)
NO 2 (HI5INTRO)
REFUSED -7 (HI5INTRO)
DON'T KNOW -8 (HI5INTRO)

HI3. (Do you/Does SP) have an RRB card?



RRBCARD

YES 1 (H14)
NO 2 (HI5INTRO)
REFUSED -7 (HI5INTRO)
DON'T KNOW -8 (HI5INTRO)

HI4.

a. INTERVIEWER: IS (SP'S) CARD AVAILABLE?

CARDAVAL

YES 1 (b)
NO 2 (HI5INTRO)

b. NUMBER: (DISPLAY NUMBER FROM HCFA FILES.)

INTERVIEWER: VERIFY THE NUMBER AGAINST (SP'S) CARD. DO THE NUMBERS MATCH?

CARDMATC

YES 1 (HI5INTRO)
NO 2 (c)

c. DOES (SP'S) CARD NUMBER BEGIN WITH A LETTER OR A NUMBER?

CARDLN

LETTER 1 (HI4d1)

CARDFORM

NUMBER 2 (HI4d2: DISPLAY
MEDICARE ENTRY
FIELD)

d1. IS THE NUMBER ON THE CARD SEPARATED BY HYPHENS?

[DOES THE NUMBER LOOK SIMILAR TO THE SOCIAL SECURITY NUMBER?] I.E. (000-00-0000)

CARDSET

HYPHENS 1
NO HYPHENS 2

} (H14d2:
DISPLAY
APPROPRIATE RRB
ENTRY FIELD)

d2. WHAT IS THE NUMBER ON THE CARD?

MEDICARE NUMBER: () - () - () - ()

OR

RRB NUMBER: () - () - () - ()

OR

()

NEWMCRRB

e. WHAT TYPE OF COVERAGE DOES (SP) HAVE?

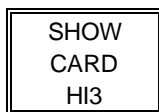
CARDTYPE	HOSPITAL ONLY	1
	MEDICAL AND HOSPITAL	2
	MEDICAL ONLY	3

f. WHAT IS THE DATE OF COVERAGE?

CARDMM	_____ / _____ / _____
CARDDD	MONTH DAY YEAR
CARDYY	

HI5INTRO. [PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]

Medicaid [,also known as (STATE NAME FOR MEDICAID),] is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this.



[PRESS ENTER TO CONTINUE.]

HI5. At any time [since (REF. DATE), (have you/has SP) been/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP) covered by Medicaid?

AIDCOVER	YES	1 (HI6)
	NO	2 BOX HI2
	REFUSED	-7 BOX HI2
	DON'T KNOW	-8 BOX HI2

BOX HI2	<p>IF 2, -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND.</p> <p>IF 2, -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.</p>
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HI6. [At the time of the last interview (you were/SP was) covered by Medicaid, [also known as (STATE NAME FOR MEDICAID).]] (Were you/Was SP) covered by Medicaid the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

COVTIME

THE WHOLE TIME	1 (HI10)
PART OF THE TIME	2 (HI7)
REFUSED	-7 BOX HI3
DON'T KNOW	-8 BOX HI3

BOX HI3	<p>IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND.</p> <p>IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.</p>
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HI7. (Are you/Is SP) now covered by Medicaid?
Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW

YES	1 BOX HI4
NO	2 (HI9)
REFUSED	-7 BOX HI4
DON'T KNOW	-8 BOX HI4

BOX HI4	<p>IF 1 AND SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI10.</p> <p>IF 1 AND SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI8.</p> <p>IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13.</p> <p>IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11.</p>
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HI8. On what date did (your/SP's) Medicaid start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM
COVBEGDD
COVBEGYY

_____	/	_____	/	_____	BOX HI5
MONTH		DAY		YEAR	

BOX HI5	<p>IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND.</p> <p>IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS <u>NOT</u> COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.</p> <p>IF SP IS <u>NOT</u> DECEASED OR INSTITUTIONALIZED, GO TO HI10.</p>
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HI9. On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (your/SP's) Medicaid coverage (most recently/last) stop?

COVENDMM
COVENDDD
COVENDYY

_____/_____/_____
MONTH DAY YEAR **BOX HI6**

BOX HI6	<p>IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND.</p> <p>IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.</p>
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HI10. May I please see (your/SP's) Medicaid card to verify the date of coverage?
[IF DATE NOT SHOWN, CODE AS "CURRENT".]

AIDTYPE CARD AVAILABLE, CURRENT 1
CARD AVAILABLE, EXPIRED 2
CARD NOT AVAILABLE, OR NOT SEEN 3
AIDTYPOS OTHER CARD SEEN (SPECIFY) 91

BOX HI7	<p>IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND.</p> <p>IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.</p>
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HI11. At any time [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) been/was (SP)] covered by any other public program that pays for medical care [for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for prescribed medicine]?

PUBCOVER YES 1 (HI12)
NO 2 **BOX HI8**
REFUSED -7 **BOX HI8**
DON'T KNOW -8 **BOX HI8**

BOX HI8	<p>IF 2, -7, OR -8 AND SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR THIS ROUND.</p> <p>IF 2, -7 OR -8 AND SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17 FOR THIS ROUND.</p>
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HI12. What is the name of the public program that covered (you/SP)?
ENTER ALL PUBLIC PROGRAMS.]

PLNAME

HI13. [At the time of the last interview (you were/SP was) covered by (PUBLIC PLAN NAME).] (Were you/Was SP) covered by (PUBLIC PLAN NAME) the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

COVTIME

THE WHOLE TIME 1 **BOX HI9**
 PART OF THE TIME 2 (HI14)
 REFUSED -7 **BOX HI9**
 DON'T KNOW -8 **BOX HI9**

BOX HI9	<p>IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND.</p> <p>IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN; (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.</p>
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HI14. [(Are you/Is SP) now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW

YES 1 **BOX HI10**
 NO 2 (HI16)
 REFUSED -7 **BOX HI10**
 DON'T KNOW -8 **BOX HI10**

BOX HI10	<p>IF 1, -7 OR -8 AND SP WAS COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR NEXT PREVIOUS ROUND PUBLIC PLAN OR GO TO HI11 FOR THIS ROUND.</p> <p>IF 1 AND SP WAS <u>NOT</u> COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI15.</p> <p>IF -7 OR -8 AND SP WAS <u>NOT</u> COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI17.</p>
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- HI15. On what date did (your/SP's) (PUBLIC PLAN NAME) coverage start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM
COVBEGDD
COVBEGYY

_____/_____/_____
 MONTH DAY YEAR **BOX HI11**

BOX HI11	GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.
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- HI16. On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and [DATE OF DEATH/DATE OF INSTITUTIONALIZATION]] did (your/SP's) (PUBLIC PLAN NAME) coverage (most recently/last) stop?

COVENDMM
COVENDDD
COVENDYY

_____/_____/_____
 MONTH DAY YEAR **BOX HI12**

BOX HI12	<p>IF HI16 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND.</p> <p>IF HI16 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.</p>
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- HI17. (I would like to ask about other types of health insurance.) At any time [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) been/was (SP)] covered by (any other) private health insurance (that is, a plan that pays hospital or doctor bills or covers the cost of prescribed medicines)?

PRVCOVER

YES 1 (HI20)
 NO 2 **BOX HI13**
 REFUSED -7 **BOX HI13**
 DON'T KNOW -8 **BOX HI13**

BOX HI13	<p>IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP SERVED IN THE ARMED FORCES (I.E., EN9 OR EN11=1), GO TO BOX HI20.</p> <p>IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP DID NOT SERVE IN THE ARMED FORCES (I.E., 1 EN9 OR EN11=2), GO TO BOX HI21. OTHERWISE, GO TO HI18.</p>
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HI18. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP) belonged/did (SP) belong] to a Health Maintenance Organization -- that is, an HMO for a private health insurance plan -- or any kind of private prepaid medical plan?

HMOCOVER

YES	1 (HI20)
NO	2 BOX HI13A
REFUSED	-7 BOX HI13A
DON'T KNOW	-8 BOX HI13A

BOX HI13A	IF 2, -7, -8 AND SUPPLEMENTAL SAMPLE OR 1ST COMMUNITY INTERVIEW, GO TO HI19. OTHERWISE, GO TO HI34.
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HI19. Some people who are eligible for Medicare have additional coverage through a private insurance carrier. This is sometimes referred to as Medigap or Medicare Supplement. At any time since (REF. DATE) did (you/SP) have this type of health insurance coverage?

GAPCOVER

YES	1 (HI20)
NO	2 (HI34)
REFUSED	-7 (HI34)
DON'T KNOW	-8 (HI34)

HI20. What is the name of each of the other private plans that provide(d) (your/SP's) medical insurance coverage? ENTER ALL PRIVATE PLANS.]

PLNAME

BOX HI14	ASK HI21 - HI33 FOR EACH PLAN COLLECTED IN HI20.
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HI21. [At the time of the last interview (you were/SP was) covered by (PLAN NAME).] (Were you/Was SP) covered by (PLAN NAME) the whole time between (REF. DATE) and (today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

COVTIME

THE WHOLE TIME	1 BOX HI15
PART OF THE TIME	2 (HI22)
REFUSED	-7 BOX HI15
DON'T KNOW	-8 BOX HI15

BOX HI14A omitted.

BOX HI15	IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND, GO TO HI25. IF THIS PLAN "CURRENT" IN PREVIOUS ROUND, AND THIS ROUND SUPPLEMENTAL SAMPLE ADDED, GO TO HI22a. OTHERWISE, GO TO BOX HI16A.
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HI22. [(Are you/Is SP) now covered by (PLAN NAME)?] [Was (SP) covered by PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW YES 1 **BOX HI16**
 NO 2 (HI24)
 REFUSED -7 **BOX HI16**
 DON'T KNOW -8 **BOX HI16**

BOX HI16	IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND AND HI22 = 1, GO TO HI23. IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND AND HI22 = -7 OR -8, GO TO HI25. IF THIS PLAN "CURRENT" IN PREVIOUS ROUND, AND THIS ROUND SUPPLEMENTAL SAMPLE ADDED, GO TO HI22a. OTHERWISE, GO TO BOX HI16A.
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HI22a. Who (is/was) listed as the main insured person on the (PLAN NAME) policy or contract?
 ENTER ONLY ONE PERSON.]

MIPNUM
PLMIPNUM

HI22b. For the (PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

PRVGET DIRECTLY 1 (HI22d)
PPRVGET (MIP'S) CURRENT EMPLOYER 2 (HI22c)
 (MIP'S) FORMER EMPLOYER 3 (HI22c)
 (MIP'S) UNION 4 (HI22d)
 (MIP'S) FAMILY BUSINESS 5 (HI22c)
 AARP 6 (HI22d)
 DECEASED SPOUSE'S EMPLOYER 7 (HI22c)
 DECEASED SPOUSE'S UNION 8 (HI22d)
 PROFESSIONAL/FRATERNAL
 ORGANIZATION 9 (HI22d)
PRVGETOS REFUSED -7 (HI22d)
PPRVGTOS DON'T KNOW -8 (HI22d)
 SOME OTHER WAY (SPECIFY) 91 (HI22d)

HI22c. What kind of business or industry is (RESPONSE IN HI27)? That is, what does (RESPONSE IN HI27) make or do? [RECORD VERBATIM: PRESS ENTER TO LEAVE SCREEN.]

PRVBUS1	_____	PPRVBUS1
PRVBUS2	_____	PPRVBUS2
PRVBUS3	_____	PPRVBUS3
INDCODE	_____	PINDCODE

HI22d. How many family members, including (yourself/SP), (are/were) covered by (your/MIP's) (PLAN NAME)?

PRVNMCOV NUMBER COVERED _____

HI22e. (Does/Did) (your/MIP's) (PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

HI22f. Would (your/MIP's) (PLAN NAME) plan (cover/have covered) any part of a stay in a nursing home?

PRVNHCOV

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

HI22g. [Do you/Does (MIP)/Did (SP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage? Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

MIPPINS

YES	1	(HI22h)
NO	2	BOX HI16A
REFUSED	-7	BOX HI16A
DON'T KNOW	-8	BOX HI16A

HI22h. How much (do you/does (MIP)/did (SP)/did (MIP)] pay for the (PLAN NAME) coverage? PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

MIPPAMT

AMOUNT: \$_____	
PER YEAR	1
QUARTERLY/EVERY 3 MONTHS	2
BIMONTHLY/EVERY 2 MONTHS	3
PER MONTH	4
PER WEEK	5
MIPPUNIT SEMI-ANNUALLY/2 TIMES PER YEAR	6
MIPPUNOS SEMIMONTHLY/2 TIMES PER MONTH	7
OTHER (SPECIFY)	91
REFUSED	-7
DON'T KNOW	-8

BOX HI16A	GO TO HI21 FOR NEXT PREVIOUS ROUND PRIVATE PLAN OR GO TO HI17 TO COLLECT NEW PRIVATE PLANS FOR THIS ROUND.
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HI23. On what date did (your/SP's) coverage under (PLAN NAME) start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM _____ / _____ / _____ (HI25)
 COVBEGDD MONTH DAY YEAR
 COVBEGYY

HI24. On what date since [(REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (your/SP's) coverage under (PLAN NAME) stop?

COVENDMM _____ / _____ / _____
 COVENDDD MONTH DAY YEAR
 COVENDYY

BOX HI17	IF HI24 BEING ASKED FOR PRIVATE PLAN FROM PREVIOUS ROUND, GO TO HI21 FOR NEXT PRIVATE PLAN FROM PREVIOUS ROUND. IF NO MORE PRIVATE PLANS FROM PREVIOUS ROUND, GO TO HI17 TO COLLECT ANY NEW PRIVATE PLANS FOR THIS ROUND. IF HI24 BEING ASKED FOR PRIVATE PLAN COVERAGE FOR THIS ROUND, GO TO HI25.
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HI25. [CODE WITHOUT ASKING IF VOLUNTEERED.]
 (Is/Was) this an HMO (Health Maintenance Organization)?
 [HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of health care services.]

PRVHMO YES 1
 PLHMOERR NO 2
 PPRVHMO REFUSED -7
 DON'T KNOW -8

HI26. Who (is/was) listed as the main insured person on the (PLAN NAME) policy or contract?
 ENTER ONLY ONE PERSON.]

PLMIPNUM
 MIPNUM

HI27. For the (PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

PRVGET	DIRECTLY	1 (HI29)
PPRVGET	(MIP'S) CURRENT EMPLOYER	2 (HI28)
	(MIP'S) FORMER EMPLOYER	3 (HI28)
	(MIP'S) UNION	4 (HI29)
	(MIP'S) FAMILY BUSINESS	5 (HI28)
	AARP	6 (HI29)
	DECEASED SPOUSE'S EMPLOYER	7 (HI28)
	DECEASED SPOUSE'S UNION	8 (HI29)
	PROFESSIONAL/FRATERNAL ORGANIZATION	9 (HI29)
PRVGETOS	REFUSED	-7 (HI29)
PPRVGTOS	DON'T KNOW	-8 (HI29)
	SOME OTHER WAY (SPECIFY)	91 (HI29)

HI28. What kind of business or industry is (RESPONSE IN HI27)? That is, what does (RESPONSE IN HI27) make or do? [RECORD VERBATIM.]

PRVBUS1	_____	PPRVBUS1
PRVBUS2	_____	PPRVBUS2
PRVBUS3	_____	PPRVBUS3
INDCODE	_____	PINDCODE

HI29. How many family members, including (yourself/SP), (are/were) covered by (your/MIP's) (PLAN NAME)?

PRVNMCOV NUMBER COVERED

HI30. (Does/Did) (your/MIP's) (PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HI31. Would (your/MIP's) (PLAN NAME) plan (cover/have covered) any part of a stay in a nursing home?

PRVNHCOV	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- HI32. [Do you/Does (MIP)/Did (you/MIP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage?
[Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

MIPPINS YES 1 (HI33)
NO 2 **BOX HI18**
REFUSED -7 **BOX HI18**
DON'T KNOW -8 **BOX HI18**

BOX HI18	IF 2, -7 OR -8, CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20. IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 OR 2 OR MISSING FOR THIS ROUND, GO TO HI35. IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR =-1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.
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- HI33. How much [do you/does (MIP)/did (you/MIP)/did (MIP)] pay for the (PLAN NAME) coverage?
[PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

AMOUNT \$_____.

MIPPAMT PER YEAR 1
QUARTERLY/EVERY 3 MONTHS 2
BIMONTHLY/EVERY 2 MONTHS 3
PER MONTH 4
PER WEEK 5
MIPPUNIT SEMI-ANNUALLY/2 TIMES PER YEAR 6
MIPPUNOS SEMI-MONTHLY/2 TIMES PER MONTH 7
REFUSED -7
DON'T KNOW -8
OTHER (SPECIFY) 91

BOX HI19	CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20. IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 or 2 OR MISSING FOR THIS ROUND, GO TO HI35. IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR -1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.
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- HI34. (Other than the plans you have already told me about,) (do you/does SP/did SP) have any insurance that (pays/paid) **just** for **nursing home** care or other long term care?

OTHNHCOV YES 1 (HI20)
NO 2 (HI35)
REFUSED -7 (HI35)
DON'T KNOW -8 (HI35)

- HI35. We've talked about [READ PLANS LISTED BELOW]. (Do you/Does SP/Did SP) have medical coverage under any other private insurance plans we haven't talked about?

PRVOCOV YES 1 (HI20)
 NO 2 **BOX HI20**
 REFUSED -7 **BOX HI20**
 DON'T KNOW -8 **BOX HI20**

BOX HI20	<p>IF SP SERVED IN THE ARMED FORCES (I.E., SP SERVED IN ARMED FORCES AND EN9 OR EN11=1) AND HI36 = 2, -7, -8, OR -9 IN PREVIOUS ROUND, OR THIS IS FIRST UTILIZATION INTERVIEW FOR SP, GO TO HI36.</p> <p>IF SP DID NOT SERVE IN THE ARMED FORCES (I.E., EN9 OR EN11=2, -7, -8, OR -9) OR SP SERVED IN THE ARMED FORCES AND HI36 = 1 IN PREVIOUS ROUND, OR SP SERVED IN ARMED FORCES AND THIS IS FIRST COMMUNITY INTERVIEW, GO TO BOX HI21.</p>
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- HI36. We recorded that (you/SP) served in the Armed Forces of the United States. Since January 1, (CURRENT YEAR), [(have you/has SP) received/did (SP) receive] health care or health services at a Veterans Administration facility?

VACOVER YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HI21	<p>IF SUPPLEMENTAL SAMPLE, GO TO ACINTRO.</p> <p>IF NOT SUPPLEMENTAL SAMPLE AND PREVIOUS INTERVIEW WAS COMMUNITY, GO TO BOX UTS1A.</p> <p>OTHERWISE, GO TO DUINTRO.</p>
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