

MCBS MAIN STUDY -- ROUND 40, FALL 2004

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 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: Such coverage offers participants savings on most services not covered by Medicare such as prescribed medicines, dental or vision care, or hearing aids. Generally, a discount is received when a membership or ID card is shown at a participating pharmacy or medical provider.]

DMHAVE	YES	1	BOX DM2
	NO	2	BOX DM3
	REFUSED	-7	BOX DM3
	DON'T KNOW	-8	BOX DM3

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) (or health insurance plan(s).or Medicare managed care plan./, health insurance plan(s) or Medicare managed care 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 membership is not health insurance. Such coverage offers savings on most services not covered by Medicare such as prescribed medicines, dental or vision care, or hearing aids. Generally, a discount is received when a membership or ID card is shown at a participating pharmacy or medical provider.]

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

DGMEMNEW	YES	1	(DM3)
	NO	2	BOX DM4
	REFUSED	-7	BOX DM4
	DON'T KNOW	-8	BOX DM4

- 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 DM3a. OTHERWISE, GO TO BOX DM3.</p>
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- DM3a. INTERVIEWER: IF THE CARD IS AVAILABLE, WITHOUT ASKING, CODE BELOW AS FOLLOWS: "YES" IF THE CARD HAS THE MEDICARE APPROVED SEAL; "NO" IF THE CARD DOES NOT HAVE THE MEDICARE APPROVED SEAL.

IF THE CARD IS NOT AVAILABLE, ASK:

Is (NAME OF DM) a Medicare-approved drug discount card?

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

- 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>DMDRUGS PRESCRIPTION DRUGS 1</p> <p>DMEYES OPTICAL/EYE CARE/VISION 2</p> <p>DMTEETH DENTAL/PERIODONTIA/DENTURES/ ORTHODONTIA 3</p> <p>DMEARS HEARING AIDS 4</p> <p>DMEQUIP HOME HEALTH CARE/EQUIPMENT/ SUPPLIES 5</p> <p>DMVMINS NUTRITIONAL SUPPLEMENTS/VITAMINS 6</p> <p>DMCHIRO ALTERNATIVE MEDICAL CARE 7</p> <p>DMHOSP HOSPITAL EXPENSES 8</p> <p>DMNONMED NON-MEDICAL ITEMS OR SERVICES 9</p> <p>DMSEROTH OTHER (SPECIFY) 91</p> <p>REFUSED -7</p> <p>DMSERVOS 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:
DMFEEPAY 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
 ONE-TIME FEE/CHARGE..... 8
DMFEEOS 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 BOX ST62c/BOX NS17c/BOX CPS8Bd/CPS20, 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)

TEMP	YES	1 (DM3)
	NO	2 BOX DM4
	REFUSED	-7 BOX DM4
	DON'T KNOW	-8 BOX DM4

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