

# **Medicare Current Beneficiary Survey**

Section Specifications for 2012 R64 IUQ

INSTITUTIONAL UTILIZATION

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# IU1

Yes/No

## QUESTION TEXT

SHOW CARD IU

[Since (REFERENCE DATE), [have you/has (SP)] been/Between (REFERENCE DATE) and (DATE OF DEATH), was (SP)/Other than the current institutional stay that started on (DATE OF INSTITUTIONALIZATION), between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION) was (SP)] a patient in (a/another) nursing home or any similar place that provides long-term care -- such as the places shown on this card?

LONG-TERM CARE PLACES INCLUDE SKILLED NURSING HOMES, INTERMEDIATE CARE FACILITIES, BOARD AND CARE HOMES, NURSING HOME UNITS IN HOSPITALS, FACILITIES FOR THE MENTALLY RETARDED, PSYCHIATRIC FACILITIES AND GROUP HOMES.

## FIELD 1: IUPROBE

### FIELD 1 ROUTING

Value	Label	Route
1	YES	IU2 - PROVIDER_IU
2	NO	BOX IU3
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	BOX IU3
	Refused	BOX IU3

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.IUPROBE	1

# IU2

## Roster

### QUESTION TEXT

Where [were you/was (SP)] a patient -- in which nursing home?

SELECT OR ADD ONLY ONE FACILITY.

### FIELD 1: PROVIDER IU

#### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX IU1

#### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display in alphabetical order by PROV.PROVNAME.

#### ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Provider Name	Display PROV.PROVNAME.
2	Billing/Group Practice Name	Display PROV.PROVNAME.

## BACKGROUND VARIABLE ASSIGNMENTS

### PROVIDER INSTRUCTIONS:

Roster details will be collected on PROV:

PROV key = PROV.PROVBASE + PROV.PROVNUM

PROV.PROVNUM = Number of Provider selected at IU2.

If Provider added at Provider Roster, see PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Provider Roster Pop-Up Window:

PROV.PROVNUM      Provider number

PROV.PROVRNDC      Round number

PROV.PROVNAME      Hospital name (Also known as Provider name)

If Provider added, set provider fields as instructed below.

### EVENT INSTRUCTIONS:

Current round IU visits are stored on EVNT. An EVNT is generated once the Provider is selected at IU2:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = number of event generated at IU2.

BASE.LASTEVT holds the highest EVNT.EVNTNUM prior to fielding cases. Not all EVNT records are fielded. The first time an EVNT record is generated in the field, BASE.LASTEVT should be  $\geq$  to the highest EVNT.EVNTNUM fielded. The new EVNT.EVNTNUM should be calculated based on BASE.LASTEVT + 001. Each time an EVNT record is generated in the field, BASE.LASTEVT will be updated to match the highest EVNT.EVNTNUM in the field. Therefore, each time an EVNT record is generated in the field, the new EVNT.EVNTNUM should be calculated based on BASE.LASTEVT + 001. See detailed instructions below.

Set Event Provider as the Provider selected at IU2. Set additional EVNT variables as instructed below.

Variable Name	Assignment Instructions
LASTEVNT	Once new EVNT record is generated, set BASE.LASTEVT = new EVNT.EVNTNUM.

Variable Name	Assignment Instructions
EVNTNUM	Set new EVNT.EVNTNUM = BASE.LASTEVNT + 001. This assumes that BASE.LASTEVNT is incremented each time an EVNT record is generated in the field.
EVNTRNDC	EVNT.EVNTRNDC = current round.
EVNTTYPE	EVNT.EVNTTYPE = 'IU'.
STEVTTYPE	EVNT.STEVTTYPE = 7/IU.
EVNTPROV	EVNT.EVNTPROV = PROV.PROVNUM of provider selected at IU2.
PROVTYPE	If Provider added, set PROV.PROVTYPE=5/Institution.
PRVROSTR	If Provider added, set PROV.PRVROSTR = 5/IUProvider.

## DESIGN NOTES

Begin Loop 1: Probe for one provider (facility), collect event date for this provider.

# BOX IU1

## **BOX INSTRUCTIONS**

IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO IU3 - VAPLACE.

ELSE TO IU4 - EVBEGMM.

# IU3

Yes/No

**QUESTION TEXT**

Is (FACILITY NAME) a Department of Veterans Affairs, or V.A., facility?

**FIELD 1: VAPLACE****FIELD 1 ROUTING**

Value	Label	Route
1	YES	IU4 - EVBEGMM
2	NO	IU4 - EVBEGMM
	Don't Know	IU4 - EVBEGMM
	Refused	IU4 - EVBEGMM

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
PROV.VAPLACE	1

**IU4**

Date

**QUESTION TEXT**

When [were you/was (SP)] admitted to and discharged from (FACILITY NAME)?

**FIELD 1: EVBEGMM**

ADMISSION DATE:

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU4 - EVBEGDD
	Don't Know	IU4 - EVBEGDD
	Refused	IU4 - EVBEGDD

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVBEGMM	1

**FIELD 2: EVBEGDD****FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU4 - EVBEGYY
	Don't Know	IU4 - EVBEGYY
	Refused	IU4 - EVBEGYY



**FIELD 2 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVBEGDD	1

**FIELD 3: EVBEGYY****FIELD 3 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU4 - EVENDMM
	Don't Know	IU4 - EVENDMM
	Refused	IU4 - EVENDMM

**FIELD 3 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVBEGYY	1

**FIELD 4: EVENDMM**

DISCHARGE DATE:

**FIELD 4 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU4 - EVENDDD
	Don't Know	IU4 - EVENDDD
	Refused	IU4 - EVENDDD

**FIELD 4 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVENDMM	1

**FIELD 5: EVENDDD****FIELD 5 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU4 - EVENDYY
	Don't Know	IU4 - EVENDYY
	Refused	IU4 - EVENDYY

**FIELD 5 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVENDDD	1

**FIELD 6: EVENDYY****FIELD 6 ROUTING**

Value	Label	Route
1	[Continuous answer.]	IU7 - IUMORE
	Don't Know	IU7 - IUMORE
	Refused	IU7 - IUMORE

**FIELD 6 ATTRIBUTES**

Cheshire Name	Answers Allowed
EVNT.EVENDYY	1

**IU7**

Yes/No

**QUESTION TEXT**

IF RESPONDENT HAS ALREADY MENTIONED ANOTHER STAY AT A NURSING HOME, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK:

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you had/has (SP) had/did (SP) have] any other stays in this or any other nursing home or similar place that provides long-term care?

**FIELD 1: IUMORE****FIELD 1 ROUTING**

Value	Label	Route
1	YES	IU2 - PROVIDER_IU
2	NO	BOX IU3
	Don't Know	BOX IU3
	Refused	BOX IU3

# BOX IU3

## BOX INSTRUCTIONS

GO TO NEXT SECTION