

Part B - HEALTH CARE COVERAGE

PERSON 1

3-4

ITEM B1

Refer to household composition. Mark (X) for each person including those deleted in the HIS-1.

B1

- 1 Civilian
- 2 AF living at home
- 3 Deleted

5

The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home).

The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.

There are several government programs that provide medical care or help pay medical bills.

People covered by Medicare have a card that looks like this. SHOW MEDICARE CARD.

1a. In (month), was anyone in the family, that is (read names), covered by Medicare?

1a.

- 1 Yes (1b)
 - 2 No
 - 9 DK
- (2 on page 18)

6

b. Who was covered?

Mark (X) "Medicare" box in person's column.

b.

- 1 Medicare
- (Mark "Cov" box on HIS-1)

7

c. Anyone else?

- Yes (Reask 1b and c)
- No

Ask 1d-g as appropriate for each person with "Medicare" in 1b.

d.

H.I.C. Number

____ - ____ - ____ () ()

8-18

d. May I please see the Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. This number is needed to allow Medicare records to be easily and accurately located and identified for statistical research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on benefits and no identifying information will be given to any other government or non-government agency.

Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.

Transcribe the number, then mark (X) the appropriate box.

Ask 1e-g for each person with "Card N.A." in 1d.

- 1 Part A - Hospital only
 - 2 Part B - Medical only
 - 3 Both Part A & Part B
 - 4 Card N.A. (1e)
- (B2)

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e. Was -- covered by Part A, that part of Medicare that pays for hospital bills?

e.

- 1 Yes
- 2 No
- 9 DK

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f. Was -- covered by Part B, that part of Medicare that pays for doctor's bills?

f.

- 1 Yes
- 2 No
- 9 DK

Read if necessary: This is the Part B Medicare plan for which -- or some agency or program must pay a certain amount each month.

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g. How long has -- been covered by Medicare?

g.

- 1 Less than 6 months
 - 2 6 months, but less than 1 year
 - 3 1 year, but less than 2 years
 - 4 2 years or more
 - 9 DK
- (1d for NP with 1b, or 2 on page 18)

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Notes

Part B - HEALTH CARE COVERAGE - Continued		PERSON 1	
<p>There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (State name).</p> <p>2a. Does anyone in the family NOW have a Medicaid or (state name) card?</p> <p>-----</p> <p>b. Who is this? Mark (X) "Has card" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No Ask 2d for each person with "Has card" box marked in 2b.</p> <p>d. May I please see -- (and --) card(s)? Mark (X) appropriate box in person's column. Record expiration date for each Medicaid card seen.</p>		<p>2a.</p> <p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No } (3) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Has card</p> <p>d.</p> <p>1 <input type="checkbox"/> Medicaid card seen Expiration date <input checked="" type="checkbox"/> 24 _____ (Month) 25 _____ (Day) 26 2 <input type="checkbox"/> No card seen 9 <input type="checkbox"/> Other card seen - Specify <input checked="" type="checkbox"/> 27-28 _____ 29-30</p>	
<p>3a. In (month), was anyone in the family covered by Medicaid?</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Medicaid" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No Ask 3d for each person with "Medicaid" box marked in 3b.</p> <p>d. How long has -- had Medicaid coverage?</p>		<p>3a.</p> <p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No } (4) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Medicaid (Mark "Cov" box on HIS-1)</p> <p>d.</p> <p>1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 months, but less than a year 3 <input type="checkbox"/> 1 year, but less than 2 years 4 <input type="checkbox"/> 2 years, but less than 5 years 5 <input type="checkbox"/> 5 years or more 6 <input type="checkbox"/> On and off for less than 2 years 7 <input type="checkbox"/> On and off for 2 years, but less than 5 years 8 <input type="checkbox"/> On and off for 5 years or more 9 <input type="checkbox"/> DK</p>	
ITEM B3	Refer to household composition and question 3a.	<p>B3</p> <p>1 <input type="checkbox"/> Single person family (5) 2 <input type="checkbox"/> Other (4)</p>	
<p>4a. During the past 12 months, has anyone in the family received health care that has been or will be paid for by Medicaid or (state name)?</p> <p>-----</p> <p>b. Who received this care in the past 12 months? Mark (X) "Received Medicaid care" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>4a.</p> <p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Received Medicaid care</p>	
<p>5a. In (month), was anyone in the family covered by any OTHER public assistance program (other than Medicaid) that pays for health care? Do NOT include use of public or free clinics if that is the ONLY source of care.</p> <p>-----</p> <p>b. Who was covered? Mark (X) "Public assistance" box in person's column.</p> <p>-----</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>5a.</p> <p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No } (6 on page 20) 9 <input type="checkbox"/> DK }</p> <p>b.</p> <p>1 <input type="checkbox"/> Public assistance (Mark "Cov" box on HIS-1)</p>	

Part B - HEALTH CARE COVERAGE - Continued

PERSON 1

6a. In (month), was anyone in the family covered by military health care, including armed forces retirement benefits, the VA (Department of Veterans' Affairs), CHAMPUS, or CHAMP-VA?

b. Was this CHAMPUS or CHAMP-VA?
Read if necessary: CHAMPUS is a program of medical care for dependents of active or retired military personnel. CHAMP-VA is medical insurance for dependents or survivors of disabled veterans.

c. Who was covered by CHAMPUS or CHAMP-VA?
Mark (X) "CHAMPUS/CHAMP-VA" box in person's column.

d. Anyone else? Yes (Reask 6c and d) No

e. In (month), was anyone in the family covered by any other military health care, including armed forces retirement benefits or the VA (Department of Veterans' Affairs)?

f. Who was covered by other military health care?
Mark (X) "Military" box in person's column.

g. Anyone else? Yes (Reask 6f and g) No

6a. 1 Yes (6b)
 2 No (6f) } (7)
 9 DK } (7) 39

b. 1 Yes (6c)
 2 No (6f)
 9 DK (6a) 40

c. 1 CHAMPUS/CHAMP-VA
 (Mark "Cov" box on HIS-1) 41

e. 1 Yes (6f)
 2 No (6f) } (7)
 9 DK } (7) 42

f. 1 Military
 (Mark "Cov" box on HIS-1) 43

7a. In (month), was anyone in the family covered by the Indian Health Service?

b. Who was covered?
Mark (X) "IHS" box in person's column.

c. Anyone else? Yes (Reask 7b and c) No

7a. 1 Yes (7b)
 2 No (8) } (8)
 9 DK } (8) 44

b. 1 IHS
 (Mark "Cov" box on HIS-1) 45

8a. (Not counting the government health programs we just mentioned,) In (month) was anyone in the family covered by a private health insurance plan?
Read if necessary: Besides government programs, people also get health insurance through their job or union, through other private groups, or directly from an insurance company. A variety of types of plans are available, including health maintenance organizations (HMOs).

b. It's important that we have the complete and accurate name of each health insurance plan. What is the COMPLETE name of the plan? If "DK", probe: Do you have something with the plan name on it?
Ask 8c after recording each plan. Record up to 4 plan names in Part C, Table H.I.

c. In (month), was anyone in the family covered by any OTHER private health insurance plan?

8a. 1 Yes (8b)
 2 No } (Part C, question 8
 9 DK } on page 30) 46

c. 1 Yes (Reask 8b and c)
 2 No (Part C) 47

Notes

Part C – PRIVATE PLAN AND COVERAGE DETAIL

PERSON 1

TABLE H.I. – PLAN 1

PLAN 1 NAME

Now, I am going to ask some questions about the plan(s) you just told me about, (starting with *(plan name)*.)

1a. Who was covered under this plan?

Mark (X) "Private insurance" box in person's column.

1a. Private Insurance
(Mark "Cov" box on HIS-1)

b. Anyone else? Yes (Reask 1a and b) No

2. In whose name is this plan?

Mark (X) "In name" box in person's column and also on the HIS-1.

2. In name
 Person not in household

3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?

If "Yes", probe for employer or union.

- 1 Employer
- 2 Union
- 3 Through workplace, but DK whether employer or union } (3b)
- 4 No } (4)
- 9 DK }

b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?

Read if necessary: The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.

- 1 All (5)
- 2 Some
- 3 None } (4)
- 9 DK }

HAND CARD FC1. Read each category if telephone interview.

4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.

- 1 Zero
- 2 \$1 – \$9
- 3 \$10 – \$19
- 4 \$20 – \$49
- 5 \$50 – \$99
- 6 \$100 – \$199
- 7 \$200 – \$499
- 8 \$500 or more
- 9 DK

5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?

- 1 Variety of services (6)
- 2 Only one type of service/care (5b)
- 9 DK (6)

b. What type of service or care does the plan pay for?

Mark (X) only one type of service.

- 01 Accidents
- 02 AIDS care
- 03 Cancer treatment
- 04 Catastrophic care
- 05 Dental care
- 06 Disability insurance (cash payments when unable to work for health reasons)
- 07 Hospice care
- 08 Hospitalization-only
- 09 Long term care (nursing home care)
- 10 Prescriptions
- 11 Vision care
- 98 Other – Specify _____
- 99 DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a ON PAGE 30

Notes

	RT 89 3-4	PERSON 2	RT 89 3-4	PERSON 3	RT 89 3-4	PERSON 4	RT 89 3-4	PERSON 5
	7		7		7		7	
1a.		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)		<input type="checkbox"/> Private insurance (Mark "Cov" box on HIS-1)
2.		<input type="checkbox"/> In name		<input type="checkbox"/> In name		<input type="checkbox"/> In name		<input type="checkbox"/> In name
6a.		Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan? <i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i>						15
						<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK		
b.		Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?						16
						<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)		
c.		Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?						17
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)		
d.		If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?						18
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
		<i>Mark (X) box or ask:</i> 7a. Does (plan name) pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?						19
						<input type="checkbox"/> No persons under 18 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
		<i>Mark (X) box or ask:</i> b. Does this plan pay for any part of the cost for mammograms? <i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i>						20
						<input type="checkbox"/> No female over 39 in family <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		Go to 1a for next plan; if no other plan go to 8a on page 30
Notes								

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1
8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?		8a. 69 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK
b. Who is this? Mark (X) "Pre-existing condition" box in person's column.		b. 70 1 <input type="checkbox"/> Pre-existing condition
c. Anyone else? <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK		
9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?		9a. 71 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK
b. Who is this? Mark (X) "Turned down" box in person's column.		b. 72 1 <input type="checkbox"/> Turned down
c. Anyone else? <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK Ask for each person with "Turned down" box marked in 9b.		
d. Why was -- unable to get that health insurance? Anything else? Mark (X) all that apply.		d. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes 73 2 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight 74 3 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker 75 4 <input type="checkbox"/> Because premiums were too high 76 8 <input type="checkbox"/> Other - Specify 77 9 <input type="checkbox"/> DK 78
10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?		10a. 79 1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (C1) 9 <input type="checkbox"/> DK
b. Who is this? Mark (X) "Stayed in job" box in person's column.		b. 80 1 <input type="checkbox"/> Stayed in job
c. Anyone else? <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK		
ITEM C1	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	C1 81 1 <input type="checkbox"/> 70+ (NP) 2 <input type="checkbox"/> Wa/Wb marked (Check Item C2) 8 <input type="checkbox"/> Other (NP)
ITEM C2	Refer to "In name" box on HIS-1.	C2 82 1 <input type="checkbox"/> "In name" (NP) 8 <input type="checkbox"/> Other (11)
11. Was health insurance offered by -- employer?		11. 83 1 <input type="checkbox"/> Yes } (NP) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK
Notes		

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued

PERSON 1

3-4

5

ITEM C3

Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box. If no other person in family, go to 14 on page 34.

C3

- 1 Covered (13)
2 Not covered, under 65
3 Not covered, 65+ (12)

HAND CARD FC2. Read each category if telephone interview.

If "Not covered 65 and over," include "or Medicare".

12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)?

Anything else?

Mark (X) all that apply.

12a.

- 01 Job layoff/loss/unemployment 6-7
02 Wasn't offered by employer 8-9
03 Not eligible because part time worker 10-11
04 Family coverage not offered by employer 12-13
05 Benefits from former employer ran out 14-15
06 Can't obtain because of poor health, illness, or age 16-17
07 Too expensive/ Can't afford 18-19
08 Dissatisfied with previous insurance 20-21
09 Don't believe in insurance 22-23
10 Have usually been healthy, haven't needed insurance 24-25
11 Covered by some other plan 26-27
12 Too old for coverage under family plans 28-29
13 Free/inexpensive source of care readily available 30-31
98 Other reason - Specify z 32-33
99 DK (12d) 34-35

Ask 12b if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?

Record number from Card FC2.

Ask 12c if box 11 is marked in question 12a; otherwise skip to 12d.

c. Was -- covered by a state sponsored health plan, a private health insurance plan, or some other type of health plan?

b.

Main reason

c.

- 1 State Plan
2 Private Plan (C3 for NP)
3 Other Plan
9 DK

d. When was the LAST time -- had health insurance?

d.

- 1 Less than 6 months ago
2 6 months ago, but less than 1 year ago
3 1 year ago, but less than 3 years ago
4 3 or more years ago (C3 for NP)
5 Never had health insurance
9 DK (12f)

HAND CARD FC3. Read categories if telephone interview.

e. What was the MAIN reason -- stopped being covered by health insurance?

Mark (X) only one.

e.

- 01 Lost job or changed employers
02 Spouse/parent lost job or changed employers
03 Death of spouse or parent
04 Became divorced or separated
05 Became ineligible because of age (12f on page 34)
06 Employer stopped offering coverage
07 Cut back to part time
08 Benefits from employer/former employer ran out
98 Other - Specify z
99 DK

Part C - PRIVATE PLAN AND COVERAGE DETAIL - Continued		PERSON 1	
12f. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?		12f.	42 <input type="checkbox"/> Yes (12g) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)
g. What was the MAIN reason -- was unable to find some other type of health insurance?		g.	43 <input type="checkbox"/> Could not afford <input type="checkbox"/> Was rejected <input type="checkbox"/> Other reason - Specify <u>z</u> <input type="checkbox"/> DK } (C3 on page 32 for NP)
13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?		13a.	44 <input type="checkbox"/> Yes (13b) <input type="checkbox"/> No <input type="checkbox"/> DK } (C3 on page 32 for NP)
b. In how many of the past 12 months was -- without coverage?		b.	45 <input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK
<i>HAND CARD FC3. Read each category if telephone interview.</i> c. What was the MAIN reason -- was without coverage?		c.	46-47 <input type="checkbox"/> 01 Lost job or changed employers <input type="checkbox"/> 02 Spouse/parent lost job or changed employers <input type="checkbox"/> 03 Death of spouse or parent <input type="checkbox"/> 04 Became divorced or separated <input type="checkbox"/> 05 Became ineligible because of age <input type="checkbox"/> 06 Employer stopped offering coverage <input type="checkbox"/> 07 Cut back to part time <input type="checkbox"/> 08 Benefits from employer/ former employer ran out <input type="checkbox"/> 09 Other - Specify <u>z</u> <input type="checkbox"/> 39 DK } (C3 on page 32 for NP)
<i>HAND CARD FC4. Read each category if telephone interview.</i> 14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.		14.	48 <input type="checkbox"/> 1 Zero <input type="checkbox"/> 2 Less than \$500 <input type="checkbox"/> 3 \$500 - \$1,999 <input type="checkbox"/> 4 \$2,000 - \$2,999 <input type="checkbox"/> 5 \$3,000 - \$4,999 <input type="checkbox"/> 6 \$5,000 or more <input type="checkbox"/> 9 DK
ITEM C4	About how often did the Respondent appear to answer the questions in Parts B and C accurately?	C4	49 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM C5	About how often did the Respondent appear to answer the questions in Parts B and C honestly?	C5	50 <input type="checkbox"/> 1 All the time <input type="checkbox"/> 2 Most of the time <input type="checkbox"/> 3 Some of the time <input type="checkbox"/> 4 Rarely or never <input type="checkbox"/> 9 DK
ITEM C6	Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Parts B and C.	C6	51-52 Person number _____