

10/9/06

Questionnaire: SP

**HEALTH INSURANCE – HIQ**

**Target Group:** All Ages

HIQ.011 The next questions are about health insurance.

Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

{Are you/Is SP} covered by health insurance or some other kind of health care plan?

- YES ..... 1
- NO ..... 2 (BOX 12)
- REFUSED ..... 7 (BOX 12)
- DON'T KNOW ..... 9 (BOX 12)

HIQ.031 What kind of health insurance or health care coverage {do you/does SP} have? **Include** those that pay for only one type of service (nursing home care, accidents, or dental care). **Exclude** private plans that only provide extra cash while hospitalized. If {you have/s/he has} more than one kind of health insurance, tell me all plans that {you have/s/he has}.

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:

DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.

- PRIVATE HEALTH INSURANCE ..... 14
- MEDICARE ..... 15
- MEDI-GAP ..... 16
- MEDICAID ({DISPLAY STATE PLAN NAME}) ..... 17
- SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM) ..... 18
- MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) ..... 19
- INDIAN HEALTH SERVICE ..... 20
- STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE PLAN NAME}) ..... 21
- OTHER GOVERNMENT PROGRAM ..... 22
- SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) ..... 23
- NO COVERAGE OF ANY TYPE ..... 40
- REFUSED ..... 77
- DON'T KNOW ..... 99

<b>BOX 2</b>
OMITTED

<b>BOX 3</b>
OMITTED

<b>BOX 4</b>
OMITTED

**BOX 5**  
OMITTED

**BOX 10**  
OMITTED

**BOX 11**  
OMITTED

**BOX 12**

**CHECK ITEM HIQ.065:**

- IF AGE => 65 AND HIQ.031 = CODE 14 OR CODE 16-99 OR HIQ.031 IS EMPTY, GO TO HIQ.260.
- IF AGE = BIRTH+ AND HIQ.031 = CODE 15, GO TO HIQ.500.
- OTHERWISE, CONTINUE.

**BOX 13**

**CHECK ITEM HIQ.259:**

IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.031 NOT = 40 (NO COVERAGE), GO TO HIQ.270.

IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.031 = 40), GO TO END OF SECTION.

HIQ.260 {Do you/Does SP} have Medicare? This is a health insurance program that virtually all persons 65 and older are eligible for. A card is automatically mailed to you shortly before your 65th birthday, it looks like this.

SHOW HAND CARD HIQ2 OF MEDICARE CARD

- YES ..... 1
- NO ..... 2 (BOX 14)
- REFUSED ..... 7 (BOX 14)
- DON'T KNOW ..... 9 (BOX 14)



HIQ.270 {Does this plan/Do any of these plans} cover any part of the cost of prescriptions?

CAPI INSTRUCTION:

IF HIQ.031 = 15 or HIQ.260 = 1, DISPLAY: [If you are enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, you have some prescription drug coverage.]

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HIQ.210 In the **past 12 months**, was there any time when {you/SP} did **not** have **any** health insurance coverage?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

#### **HELP SCREEN FOR HIQ.011:**

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

#### **HELP SCREEN FOR HIQ.031:**

Health Insurance: Health benefits coverage which provides persons with health-related benefits. Coverage may include the following; hospitalization, major medical, surgical, prescriptions, dental, and vision.

Private Health Insurance Plan: Any type of health insurance, including HMOs, that is not a public program. Private health insurance plans may be provided in part or full by a person's employer or union, or may be purchased directly by an individual.

Private Health Insurance Plan through a State or Local Government Program or Community Program: A type of health insurance for which state or local government or community effort pays for part or all of the cost of a private insurance plan, such as Blue Cross/Blue Shield. The individual may also contribute to the cost of the health insurance and may receive a card such as a Blue Cross/Blue Shield card. A community program or effort may include a variety of mechanisms to achieve health insurance for persons who would otherwise be uninsured. An example would be a private company giving a grant to an HMO to pay for health insurance coverage.

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.

Medi-Gap: Refers to private health insurance purchased to supplement Medicare. Medi-Gap will be treated as a private health insurance plan in the detailed questions about health insurance.

Medicaid: Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administered by the states.

CHIP (Children's Health Insurance Program, also called SCHIP): A joint federal and state program, administered by each state, that offers health care coverage to low-income, uninsured children. This law was passed in 1997. In some states, CHIP programs have distinct names.

Military Health Care/VA: Refers to health care available to active duty personnel and their dependents, in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS/TRICARE/CHAMP-VA: CHAMPUS (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability. TRICARE is the "managed care" version of CHAMPUS. CHAMP-VA (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

Indian Health Service: The federal health care program for Native Americans.

State-Sponsored Health Plan: Any other health care coverage run by a specific state, including public assistance programs other than "Medicaid" that pay for health care.

Other Government Program: A catch-all category for any public program providing health care coverage other than those programs in specific categories.

Single Service Plan (SSP): Health insurance coverage paid for by an individual that provides for only one type of service or treatment for a specific condition. These plans are usually bought to supplement a more comprehensive health insurance plan. Examples of SSPs are dental care, vision care, prescriptions, nursing home care, hospice care, accidents, catastrophic care, cancer treatment, AIDS care, and/or hospitalization.

#### **HELP SCREEN FOR HIQ.500:**

Medicare: A Federal health insurance program for people 65 or older and for certain persons under 65 with long-term disabilities. Almost all Social Security recipients are covered by Medicare. It is run by the Center for Medicare and Medicaid Services of the U.S., Department of Health and Human Services.

Medicare consists of two parts, A and B:

Part A is called the Hospital Insurance Program. It helps pay for inpatient care in a hospital or in a skilled nursing facility, for home health care, and for hospice care. It is available to nearly everyone 65 or older.

Persons who are eligible for either Social Security or Railroad Retirement benefits are not required to pay a monthly premium for Part A of Medicare. However, anyone who is 65 or over and does not qualify for Social Security or Railroad Retirement benefits may pay premiums directly to Social Security to obtain Part A coverage.

Part B is called the Supplementary Medical Insurance Program. It is a voluntary plan that builds upon the hospital insurance protection provided by the basic plan. It helps pay for the doctor and surgeon services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not already covered under Part A of Medicare.

If a person elects this additional insurance, the monthly premium is deducted from his/her Social Security.