

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, Medicaid, and the Children’s Health Insurance Program that provide medical care or help pay medical bills. {Are you/Is SP} covered by any kind of 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.032 What kinds of health insurance or health care coverage {do you/does SP} have? Is it... private health insurance, Medicare, Medigap, Medicaid, Children’s Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan or another government program?

CODE ALL THAT APPLY

HAND CARD HIQ1

CAPI INSTRUCTION:

DO NOT ALLOW MORE THAN ONE ANSWER WHEN 140 (NO COVERAGE OF ANY TYPE) IS CODED.

- PRIVATE HEALTH INSURANCE 1
- MEDICARE..... 2
- MEDI-GAP..... 3
- MEDICAID 4
- CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)..... 5
- MILITARY RELATED HEALTH CARE: TRICARE
(CHAMPUS)/VA HEALTH CARE/CHAMP-VA..... 6
- INDIAN HEALTH SERVICE..... 7
- STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE
PLAN NAME})..... 8
- OTHER GOVERNMENT PROGRAM..... 9

- NO COVERAGE OF ANY TYPE 10
- REFUSED 77
- DON'T KNOW..... 99

CAPI INSTRUCTION:

SOFT EDIT: IF SP AGE LESS THAN 18 AND HIQ.032 = 2 (MEDICARE) DISPLAY ERROR MESSAGE, “PLEASE VERIFY THAT CHILD SP HAS MEDICARE. ONLY DISABLED CHILDREN OR CHILDREN WITH KIDNEY FAILURE CAN GET MEDICARE. CHILDREN WHO HAVE MEDICARE ARE ALMOST ALWAYS ALSO RECEIVING SOCIAL SECURITY OR SSI AND HAVE MEDICAID.”

SOFT EDIT: IF SP AGE EQUAL TO OR GREATER THAN 18 AND LESS THAN 65 AND HIQ.032 – 2 (MEDICARE) DISPLAY ERROR MESSAGE, “PLEASE VERIFY THAT SP AGE 18-64 HAS MEDICARE. ONLY DISABLED ADULTS OR ADULTS WITH KIDNEY FAILURE UNDER 65 YEARS OLD CAN HAVE MEDICARE. THEY ARE ALMOST ALWAYS RECEIVING DISABILITY CHECKS FROM SOCIAL SECURITY OR SSI.”

HARD EDIT: IF HIQ.032 = 3 (MEDI-GAP) AND 2 (MEDICARE) IS NOT SELECTED, DISPLAY ERROR MESSAGE, “MEDI-GAP REFERS TO MEDICARE SUPPLEMENTAL INSURANCE. YOU MUST HAVE

MEDICARE TO BE ELIGIBLE TO PURCHASE MEDI-GAP. PLEASE VERIFY IF SP HAS MEDI-GAP AND, IF YES, IF HE/SHE HAS MEDICARE.”
 {CAPI DISPLAYS ONE QUESTION FOR CORRECTION}
 HIQ.032

BOX 12

CHECK ITEM HIQ.065:

- IF AGE => 65 AND HIQ.032 = CODE 1 OR CODE 3-99 OR HIQ.032 IS EMPTY, GO TO HIQ.260.
- IF AGE = BIRTH+ AND HIQ.032 = CODE 2, GO TO HIQ.502.
- OTHERWISE, CONTINUE.

BOX 13

CHECK ITEM HIQ.259:
 IF AGE < 65 AND (HIQ.011 = 1 (YES) AND HIQ.032 NOT = 10 (NO COVERAGE), GO TO HIQ.270.
 IF AGE < 65 AND (HIQ.011 = 2, 7, OR 9 OR HIQ.032 = 10), 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.

HAND CARD HIQ2

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

HIQ.502 May I please see {your/SP's} Medicare card to record the Health Insurance Claim Number? This number is needed to allow Medicare records of the Center for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. Providing the Health Insurance Claim Number is voluntary and collected under the authority of Section 306 of the Public Health Service Act. Whether the number is given or not, there will be no effect on {your/his/her} benefits.

This number will be held confidential. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:

REQUIRE DOUBLE ENTRY OF NUMBER. DOUBLE ENTRY ITEM NUMBER IS HIQ.510.
ALLOW UP TO 13 CHARACTERS (LETTERS OR NUMBERS)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
ENTER CLAIM NUMBER

REFUSED 7777777777 (BOX 14)
DON'T KNOW..... 9999999999 (BOX 14)

HIQ.105 INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE 1
CARD NOT AVAILABLE..... 2 (BOX 14)

BOX 14

CHECK ITEM HIQ.269:

IF (HIQ.011 = 1 AND HIQ.032 NOT = 10) OR HIQ.260 = 1, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

HIQ.270 Does the plan pay for any of the costs for medications prescribed by a doctor?

CAPI INSTRUCTION:

IF HIQ.032 = 2 or HIQ.260 = 1, DISPLAY: [If {you are/SP is} enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan, {you have/he has/she has} 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 or 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.032:

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.

TRICARE/CHAMP-VA: TRICARE, formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), provides civilian health benefits for U.S. Armed Forces military personnel, military retirees, and their dependents. Several variations of the plan exist including (but are not limited to): TRICARE Reserve Select, TRICARE Prime, TRICARE Select, U.S. Family health plan, TRICARE Select Overseas, and TRICARE for Life. 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.

HELP SCREEN FOR HIQ.502:

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.