
NHATS Round 4

Section IP [INSURANCE PLANS]

Sequence: 31

IP1PRE

IP1PRE

NOT ON FILE

QUESTION TEXT:

Now we have a few questions about {your/SP's} health insurance.

PRESS 1 AND ENTER TO CONTINUE

IP1

ip4covmedcad

R4 IP1 COVERED BY MEDICARE PART D

QUESTION TEXT:

{Are you/Is SP} (currently) covered by or enrolled in a Medicare Prescription Drug plan, also called Part D?

CODES

| | | |
|---|------------|-----|
| 1 | YES | IP3 |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

IP2

ip4otdrugcov

R4 IP2 DRUG COVERG SOME OTHER WAY

QUESTION TEXT:

{Do you/Does SP} have prescription drug coverage through a current or former employer or some other way?

CODES

| | | |
|---|------------|--|
| 1 | YES | |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

IP3

ip4mgapmedsp

R4 IP3 MEDIGAP OR MEDICARE SUPP

QUESTION TEXT:

Some people have additional coverage besides Medicare to pay for doctors and other medical care. This is sometimes referred to as Medigap or a Medicare Supplement. {Do you/Does SP} have this type of health insurance coverage?

CODES

| | | |
|---|------------|--|
| 1 | YES | |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

IP4

ip4cmedicaid

R4 IP4 COV BY STATE MEDICAID PRG

DISPLAY INSTRUCTIONS:

Display “, also known as {STATE NAME FOR MEDICAID PROGRAM},” and “{STATE NAME FOR MEDICAID PROGRAM}” if state name for Medicaid is not “Medicaid”.

Otherwise display "Medicaid"

QUESTION TEXT:

Medicaid {, also known as {STATE NAME FOR MEDICAID PROGRAM}}, is a state program for low-income people or for people on public assistance. Sometimes people with very large medical bills are also covered by Medicaid.

{Are you/Is SP} now covered by {Medicaid/{STATE NAME FOR MEDICAID PROGRAM}}?

CODES

- 1 YES
- 2 NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Use NHATS State Name for Medicaid file for {STATE NAME FOR MEDICAID PROGRAM} display.

IP5

ip4covtricar

R4 IP5 COVERED BY TRICARE

QUESTION TEXT:

TRICARE is a health care program for active duty and retired members of the uniformed Armed Forces, their families, and survivors.

{Are you/Is SP} now covered by TRICARE?

CODES

- 1 YES
- 2 NO
REFUSED
DON'T KNOW

BOX IP5A

BOX IP5A

NOT ON FILE

If LAST INT IP6 = 1 (YES), go to IP5A.

Otherwise, go to IP6

IP5A

ip4nginslast

R4 IP5A HAVE LTC INS FROM LAST INT

QUESTION TEXT:

At the time of the last interview ({LAST INT MONTH, DAY, AND YEAR}), {you/SP} had insurance that paid for a year or more of care in a nursing home, assisted living, or in {your/his/her} home. {Do you/Does {he/she}} still have this insurance?

CODES

- 1 YES SECTION LF
- 2 NO SECTION LF
- 90 LAST INTERVIEW INFORMATION INCORRECT
REFUSED SECTION LF
DON'T KNOW SECTION LF

IP6**ip4nginsnurs**

R4 IP6 NONGOV INSR FOR NURS HOME

QUESTION TEXT:

Not including government programs, {do you/does SP} have any insurance that would pay for a year or more of care in a nursing home, assisted living, or in {your/his/her} home?

CODES

| | | |
|---|------------|------------|
| 1 | YES | |
| 2 | NO | SECTION LF |
| | REFUSED | SECTION LF |
| | DON'T KNOW | SECTION LF |

IP7a**ip4typcarco1**

R4 IP7 LTC INS NURSNG HOME COVD

ip4typcarco2

R4 IP7 LTC INS ASSISTD LVNG COVD

ip4typcarco3

R4 IP7 LTC INS HOME HEALTH COVD

QUESTION TEXT:

Which types of care are covered by {your/SP's} policy? Care in: a nursing home, assisted living, or care in {your/his/her} home?

SELECT ALL THAT APPLY

CODES**Code All That Apply**

| | |
|---|---------------------------------------|
| 1 | NURSING HOME CARE |
| 2 | ASSISTED LIVING |
| 3 | CARE BY HOME HEALTH PROVIDERS IN HOME |
| | REFUSED |
| | DON'T KNOW |

PROGRAMMER INSTRUCTIONS:

Allow code all that apply.

IP8**ip4paypremms**

R4 IP8 HOW MUCH PAY IN PREMIUMS

QUESTION TEXT:

SHOW CARD IP1

For the year ending December {CURRENT YEAR-1}, how much altogether did {you/SP} pay in premiums? Would you say

CODES

| | |
|---|----------------------------------|
| 1 | less than \$1,000, |
| 2 | \$1,000 to less than \$2,000, |
| 3 | \$2,000 to less than \$3,000, |
| 4 | \$3,000 to less than \$5,000, or |
| 5 | \$5,000 or more? |
| | REFUSED |
| | DON'T KNOW |

PROGRAMMER INSTRUCTIONS:

Go to Section LF – Labor Force