HEALTH INSURANCE - HIQ

BOX 1

RULES FOR ADMINISTERING THE HEALTH INSURANCE SECTION OF THE FAMILY QUESTIONNAIRE:
FOR THE PURPOSE OF ADMINISTERING THIS SECTION "ALL SPS" IN FILLS AND DISPLAYS REFERS TO THE NHANES FAMILY MEMBERS AS DESCRIBED BELOW:

GROUP 1

■ SPS WHO ARE INDIVIDUAL HOUSEHOLDERS OR MEMBERS OF THE PRIMARY FAMILY AND ALL RELATED SUBFAMILIES.

AND

■ SPS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

GROUP 2

■ SPS WHO ARE MEMBERS OF UNRELATED SUBFAMILIES.

AND

■ SPS WHO ARE RELATED TO THEM AS PARTNER, FOSTER PARENT, OR FOSTER CHILD.

GROUP 3

SPS WHO ARE SECONDARY INDIVIDUALS AND ARE NOT RELATED TO
ANY INDIVIDUALS ABOVE.

HIQ.010   The (first/next) questions are about health insurance. (For these questions, we are only interested in persons who have been selected for the survey, that is {NAMES OF ALL SPs}.)

{Are you/Is SP/Are **any** of the following persons: ALL SPs} covered by health insurance or some other kind of health care plan? [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.]

CAPI INSTRUCTION:
IF ONLY ONE SP OR ALL SPS COVERED IN HIQ.010, FLAG PERSON(S) AS COVERED IN HIQ.020.

ALL SPS COVERED 1
SOME SPS COVERED, SOME NOT
  COVERED.. 2
NO SPS COVERED .... 3 (BOX 10)
REFUSED .... 7 (BOX 10)

DON'T KNOW .... 9 (BOX 10)

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│                      BOX 2                        │
│                                                   │
│  CHECK ITEM HIQ.015:                              │
│    ■ IF ONLY 1 SP IN FAMILY OR IF ALL SPS ARE    │
│  COVERED BY HEALTH INSURANCE (CODE 1 IN HIQ.010), │
│  SKIP TO BOX 3.                                   │
│    ■ OTHERWISE, CONTINUE WITH HIQ.020.           │
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HIQ.020   Who has coverage?

            PROBE: Anyone else?

            CAPI INSTRUCTION:
            DISPLAY ROSTER OF ALL SPS.

            SELECT SP FROM ROSTER

                        SELECT.. 1
                        REFUSED 7
                        DON'T KNOW 9

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│                      BOX 3                        │
│                                                   │
│  LOOP 1:                                          │
│  ASK HIQ.030 - HIQ.210 FOR (FIRST/NEXT) SP        │
│  SELECTED AS BEING COVERED BY HEALTH INSURANCE    │
│  IN HIQ.010 OR HIQ.020.                           │
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HIQ.030   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/he/she has} more than one kind of health insurance, just tell me about
            the **first** kind.

            HAND CARD HIQ1

                PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR
                  WORKPLACE 1
                PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY   2
                PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR
                  LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM 3
                MEDICARE 4
                MEDI-GAP 5
                MEDICAID ({DISPLAY STATE PLAN NAME})........................... 6
                CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) 7
                MILITARY HEALTH CARE/VA 8
                CHAMPUS/TRICARE/CHAMP-VA 9
                INDIAN HEALTH SERVICE....................................... 10
                STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE

PLAN NAME}).. 11
OTHER GOVERNMENT PROGRAM... 12
SINGLE SERVICE PLAN (E.G., DENTAL, VISION,
  PRESCRIPTIONS) 13 (HIQ.180)
REFUSED .... 77 (BOX 9)
DON'T KNOW .... 99 (BOX 9)

HIQ.040   Does the insurance {you have/SP has} through {TYPE OF INSURANCE} cover any part of dental care?

CAPI INSTRUCTION:
DISPLAY PLAN TYPE AS A LEFT HEADER.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 4

CHECK ITEM HIQ.045:
IF MEDICARE (CODE 4 IN HIQ.030), GO TO HIQ.100.
IF MEDICAID (CODE 6 IN HIQ.030), GO TO HIQ.150.
IF CHIP, MILITARY, CHAMPUS, INDIAN HEALTH SERVICE,
STATE, OR OTHER GOVERNMENT PLAN (CODES 7, 8, 9, 10,
11, AND 12), GO TO HIQ.190.
OTHERWISE, (IF PRIVATE PLAN – CODE 1, 2, 3 OR 5),
CONTINUE.

HIQ.050   Is {your/SP's} {TYPE OF INSURANCE} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other kind of plan?

HMO/IPA 1
PPO 2
POS 3
OTHER 4
REFUSED 7
DON'T KNOW 9

HIQ.060   Under this plan, can {you/SP} choose **any** doctor or **must** {you/he/she} choose one from a specific group or list of doctors?

ANY DOCTOR.. 1
SELECTED LIST 2 (HIQ.080)
REFUSED .... 7 (BOX 5)
DON'T KNOW .... 9 (BOX 5)

HIQ.070   {Do you/Does SP} have the option of choosing a doctor from a preferred or select list at a lower cost?

> YES 1 (HIQ.090)
> NO .... 2 (BOX 5)
> REFUSED .... 7 (BOX 5)
> DON'T KNOW .... 9 (BOX 5)

HIQ.080   If {you/SP} select{s} a doctor who is not in the plan, will the plan pay for any part of the cost?

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

HIQ.090   If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval or a referral? [Do not include emergency care.]

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

BOX 5

CHECK ITEM HIQ.095:
GO TO HIQ.190.

HIQ.100   May I please see {your/SP's} Medicare card to determine the type of coverage and to record the Health Insurance Claim Number? This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services (CMS) to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact {you/SP}. Except for these purposes, the Department of Health and Human Services will not release {your/his/her} Health Insurance Claim Number to anyone, including any other government agency. 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 {your/his/her} benefits. This number will be held in strict confidence. [The Public Health Service Act is Title 42, United States Code, Section 242K.]

CAPI INSTRUCTION:
REQUIRE DOUBLE ENTRY OF NUMBER.
ALLOW UP TO 11 CHARACTERS (LETTERS OR NUMBERS)

> |___|___|___|___|___|___|___|___|___|___|___|
> ENTER CLAIM NUMBER

REFUSED 777777777 (HIQ.120)
DON'T KNOW 999999999 (HIQ.120)

HIQ.105   INTERVIEWER: ENTER 1 RESPONSE

CARD AVAILABLE.................................. 1
CARD NOT AVAILABLE 2 (HIQ.120)

HIQ.110   ENTER **TYPE** OF COVERAGE FROM CARD.

HOSPITAL ONLY (PART A) .... 1 (BOX 6)
MEDICAL ONLY (PART B) 2
BOTH HOSPITAL AND MEDICAL (PART A
 AND PART B)....................................... 3
REFUSED 7
DON'T KNOW 9

HIQ.120   {Are you/Is SP} under a Medicare managed care arrangement, such as an HMO, that is a Health Maintenance Organization? [With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HIQ.130   If {you need/SP needs} to go to a different doctor or place for special care, {do you/does s/he} need approval or a referral? [Do not include emergency care.]

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HIQ.140   Besides {your/SP's} Medicare insurance, {are you/is SP} paying an additional monthly or yearly premium to receive a more comprehensive health plan?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 6

CHECK ITEM HIQ.145:
GO TO HIQ.190.

HIQ.150   In this state, Medicaid is also called {DISPLAY STATE PLAN NAME}. With Medicaid, can {you/SP} go to **any** doctor who will accept Medicaid or **must** {you/he/she} choose from a book or list of doctors or is a doctor assigned?

ANY DOCTOR... 1
SELECT FROM BOOK/LIST................... 2
DOCTOR IS ASSIGNED........................ 3
REFUSED 7
DON'T KNOW 9

HIQ.160   {Are you/Is SP} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?   [Do **not** include emergency care or care from a specialist {you were/he was/she was} referred to.]

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

HIQ.170   If {you/SP} need{s} to go to a different doctor or place for special care, {do/does} {you/he/she} need approval or a referral? [Do **not** include emergency care.]

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

+---+
| **BOX 7** |
| |
| **CHECK ITEM HIQ.175:** |
| GO TO HIQ.190. |
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HIQ.180   What types of service or care does {your/SP's} single service plan or plans pay for?

CODE ALL THAT APPLY

ACCIDENTS.. 10
AIDS CARE 11
CANCER TREATMENT 12
CATASTROPHE CARE 13
DENTAL CARE 14
DISABILITY INSURANCE (CASH
   PAYMENTS WHEN UNABLE TO WORK
   FOR HEALTH REASONS)................... 15
HOSPICE CARE 16
HOSPITALIZATION ONLY...................... 17

LONG-TERM CARE (NURSING HOME
  CARE) 18
PRESCRIPTIONS 19
VISION CARE 20
OTHER (SPECIFY) _____ 21
REFUSED 77
DON'T KNOW 99

HIQ.190   {Do you/Does SP} have another type of health insurance or health care coverage?

CODE IF KNOWN. OTHERWISE, ASK.

HAND CARD HIQ1

CAPI INSTRUCTIONS:
DISPLAY "SP NAME: {SP}" AS LEFT HEADER.
DISPLAY "TYPE(S) OF COVERAGE: {LIST TYPES OF COVERAGE}" AS LEFT
HEADER.
DISPLAY **ALL** TYPES OF COVERAGE ALREADY CODED FOR SP IN HIQ.030
AND HIQ.200 FOR LIST OF TYPES OF COVERAGE.

YES 1
NO 2 (HIQ.210)
REFUSED 7 (HIQ.210)
DON'T KNOW 9 (HIQ.210)

HIQ.200   What other type of insurance {do you/does SP} have?

HAND CARD HIQ1
SELECT NEXT TYPE OF INSURANCE

CAPI INSTRUCTIONS:
DISPLAY "SP NAME: {SP}" AS LEFT HEADER.
DISPLAY "TYPE(S) OF COVERAGE: {LIST TYPES OF COVERAGE}" AS LEFT
HEADER.
DISPLAY **ALL** TYPES OF COVERAGE ALREADY CODED FOR SP IN HIQ.030
AND HIQ.200 FOR LIST OF TYPES OF COVERAGE.

PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR
  WORKPLACE 1
PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY 2
PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR
  LOCAL GOVERNMENT PROGRAM OR COMMUNITY PROGRAM 3
MEDICARE 4
MEDI-GAP 5
MEDICAID ({DISPLAY STATE PLAN NAME}).......................... 6
CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) 7
MILITARY HEALTH CARE/VA 8
CHAMPUS/TRICARE/CHAMP-VA 9
INDIAN HEALTH SERVICE... 10
STATE-SPONSORED HEALTH PLAN ({DISPLAY STATE
  PLAN NAME})... 11

OTHER GOVERNMENT PROGRAM 12
SINGLE SERVICE PLAN (E.G., DENTAL, VISION,
  PRESCRIPTIONS) 13 (HIQ.180)
REFUSED .... 77 (BOX 9)
DON'T KNOW .... 99 (BOX 9)

BOX 8

EMBEDDED LOOP 2:
ASK HIQ.040 – HIQ.190 AS APPROPRIATE FOR NEXT TYPE
OF INSURANCE.

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

BOX 9

END LOOP 1:
ASK HIQ.030 – HIQ.210 AS APPROPRIATE FOR NEXT SP
SELECTED IN HIQ.010 OR HIQ.020.
IF NO NEXT SP, CONTINUE WITH BOX 10.

BOX 10

CHECK ITEM HIQ.155:
IF ANY SPS NOT COVERED BY HEALTH INSURANCE (NOT
SELECTED IN HIQ.010 OR HIQ.020), CONTINUE.
OTHERWISE, GO TO END OF SECTION.

LOOP 2:
ASK HIQ.220 - HIQ.230 FOR EACH SP **NOT** SELECTED AS
COVERED BY HEALTH INSURANCE IN HIQ.010 OR HIQ.020.

HIQ.220   About how long has it been since {you/SP} **last** had health care coverage?

HAND CARD HIQ2

                          6 MONTHS OR LESS 1
                          MORE THAN 6 MONTHS, BUT NOT
                            MORE THAN 1 YEAR AGO 2
                          MORE THAN 1 YEAR, BUT NOT MORE
                            THAN 3 YEARS AGO 3
                          MORE THAN 3 YEARS.......................... 4

NEVER 5
REFUSED 7
DON'T KNOW 9

HIQ.230   Which of these are reasons {you/SP} stopped being covered by or {do/does} not have health insurance?

HAND CARD HIQ3
CODE ALL THAT APPLY

PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR
   CHANGED EMPLOYERS.. 10
GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR
   PARENT 11
BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL 12
EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE
   FOR COVERAGE 13
COST IS TOO HIGH.. 14
INSURANCE COMPANY REFUSED COVERAGE.................... 15
MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY. 16
LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB
   OR INCREASE IN INCOME 17
LOST MEDICAID (OTHER).. 18
OTHER (SPECIFY) 19
REFUSED... 77
DON'T KNOW 99

BOX 11

END LOOP 2:
ASK HIQ.220 – HIQ.230 FOR NEXT SP **NOT** COVERED BY
HEALTH INSURANCE.
IF NO NEXT SP, GO TO END OF SECTION.