

D. HEALTH INSURANCE

D1. The Medicare number is needed to allow (SP's) Medicare records to be easily and accurately located and identified for statistical research puposes. What is (SP's) Medicare claim number?

**FMCARNUM**

|\_|\_|\_|-|\_|\_|-|\_|\_|\_|\_|-|\_|\_|

D2. Since (SP) was first admitted to this facility, has (SP) ever been covered by (Medicaid/STATE NAME FOR MEDICAID)?

**FAIDCOVR**

YES..... 1 (D3)  
NO..... 2 (SECTION L)

D3. When was (SP) first covered by (Medicaid/STATE NAME FOR MEDICAID)? PROBE FOR MONTH IF WITHIN PAST 2 YEARS.

**MSTARTMM**

**MSTARTYY**

\_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

D4. At any time since (SP) was first covered by (Medicaid/STATE NAME FOR MEDICAID), was there a period of time during which (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

**NOMCAID**

YES..... 1 (D5)  
NO..... 2 (SECTION L)

D5. What were the periods of time (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

	<u>From</u>		<u>To</u>	
	<b>FNOMMM1</b>	<b>FNOMYY1</b>	<b>FNOMEMM1</b>	<b>FNOMEYY1</b>
Period 1:	_____/_____	_____/_____	_____/_____	_____/_____
	MONTH	YEAR	MONTH	YEAR
	<b>FNOMMM2</b>	<b>FNOMYY2</b>	<b>FNOMEMM2</b>	<b>FNOMEYY2</b>
Period 2:	_____/_____	_____/_____	_____/_____	_____/_____
	MONTH	YEAR	MONTH	YEAR

D6. At any time since (REF. DATE), has (SP) been covered by (Medicaid/STATE NAME FOR MEDICAID)?

**AIDCOVER**

Yes..... 1  
No..... 2

Institutional

D7. At any time since (REF. DATE), has (SP) been covered by any other public program (besides Medicaid/STATE NAME FOR MEDICAID) that pays for medical care?

Yes..... 1 (D8) **PUBCOVER**  
No..... 2 (D9)

D8. What is the name of the program that covered (SP)?

\_\_\_\_\_ **FPLNNAME**  
\_\_\_\_\_ **FPLNTYPE**  
PROGRAM NAME

D9. I would like to ask about other types of health insurance. At any time since (REF. DATE), has (SP) been covered by private health insurance, an HMO, or by any other medical insurance that pays hospital or doctor bills or covers the cost of prescribed medicines?

Yes..... 1 (D11) **PRVCOVER**  
No..... 2 (D10)  
**GAPCOVER**

D10. Some people who are eligible for Medicare have additional coverage that is sometimes referred to as Medigap or Medicare Supplement. At any time since (REF. DATE) did (SP) have this type of health insurance coverage?

Yes..... 1 (D11)  
No..... 2 (SECTION L)  
DON'T KNOW..... -8 (SECTION L)

D11. What is the name of each of the plans that provide (SP's) medical insurance coverage? List each plan in a separate column.

Plan 1 **FPLNNAME** \_\_\_\_\_ Plan 2 \_\_\_\_\_ Plan 3 \_\_\_\_\_  
**FPLNTYPE** \_\_\_\_\_  
\_\_\_\_\_ PLAN NAME \_\_\_\_\_ PLAN NAME \_\_\_\_\_ PLAN NAME

+-----+  
| GO TO SECTION L, TRACING AND CLOSING |  
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