

**HCSUS 2nd Follow-up**  
**5. Insurance**  
**Section A: Medicaid**

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE:,,:,,A.M./P.M.

IF HAD MEDICAID AT FU1, GO TO A5

A1. Now I'd like to talk with you about health insurance. Have you been covered by Medicaid (STATE NAME FOR MEDICAID) since we last interviewed you on FU1DATE?

(Medicaid is a state program for low income persons or for persons on public assistance.)

YES..... 1 (G05A01)  
 NO ..... 2

IF A1 <> 1 AND A1 = ASKED, GO TO SECTION B

A2. Are you presently covered?

YES..... 1 (G05A02)  
 NO ..... 2

IF A2 = 2 OR A2 = REF OR A2 = DK, GO TO A4

A3. In what month and year were you first covered by (Medicaid/STATE PROGRAM NAME)?

MONTH: ,, YEAR: ,, (G05A03M)  
 Valid Values: 1-12 Valid Values: 65-98 (G05A03Y)

IF A3 = ASKED, GO TO A7

A4. Since we last interviewed you on FU1DATE, approximately how many months were you covered by (Medicaid/STATE PROGRAM NAME)?

,, (G05A04)  
 Valid Values: 1-18  
 Soft Check: 0

IF A4 = ASKED, GO TO A7

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A5. Last time you told us you were covered by (Medicaid/STATE NAME FOR MEDICAID). Since we interviewed you on FU1DATE, have you been covered by (Medicaid/STATE NAME FOR MEDICAID) the whole time?

YES.....1 (G05A05)  
NO .....2

IF A5 = 1, GO TO A7

A6. In what month and year were you last covered by (Medicaid/STATE NAME FOR MEDICAID)?

MONTH:,, YEAR:,, (G05A06M)  
Valid Values: 1-12 Valid Values: 95-98 (G05A06Y)

IF A6 = ASKED, GO TO SECTION B

A7. It is important that we have the complete and accurate name of your Medicaid plan. Do you have something like an ID card or bill with the plan name and number on it?

YES.....1 (G05A07)  
NO .....2

IF A7 = REF, GO TO A10

A8. RECORD PLAN NAME FROM CARD OR ASK:

What is the name of the plan?

PLAN NAME \_\_\_\_\_

A9. RECORD PLAN OR GROUP NUMBER FROM CARD OR ASK:

What is the number of this plan?

PLAN NUMBER \_\_\_\_\_

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A10. Is your Medicaid plan an HMO or Health Maintenance Organization?

YES..... 1 (G05A10)  
NO ..... 2

A11. Does your Medicaid plan allow you to go to any doctor you want, or does it require you to choose from a group or list of doctors?

CHOOSE ANY DOCTOR..... 1 (G05A11)  
CHOOSE FROM A LIST ..... 2

A12. Does your Medicaid plan require you to obtain authorization before seeing a specialist for medical care?

YES..... 1 (G05A12)  
NO ..... 2