

HCSUS 2nd Follow-up
5. Insurance
Section B: Medicare

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

IF HAD MEDICARE AT FU1, GO TO B3

B1. Are you presently covered by Medicare?
(Medicare is a health insurance program for people 65 years old or over and for people who are disabled.)

YES..... 1 (G05B01)
NO 2

IF B1 = 2 OR B1 = REF OR B1 = DK, GO TO SECTION C

B2. In what month and year were you first covered by Medicare?

MONTH: ,, YEAR: ,, (G05B02M)
Valid Values: 1-12 Valid Values: 65-98 (G05B02Y)

IF B2 = ASKED, GO TO B5

B3. Last time you told us you were covered by Medicare. Since we last interviewed you on FU1DATE, have you been covered by Medicare the whole time?

YES..... 1 (G05B03)
NO 2

IF B3 = 1, GO TO B5

B4. In what month and year were you last covered by Medicare?

MONTH: ,, YEAR: ,, (G05B04M)
Valid Values: 1-12 Valid Values: 95-98 (G05B04Y)

B5. It is important that we have the complete and accurate name of your Medicare plan. Do you have something like an ID card or bill with the plan name and number on it?

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YES..... 1 (G05B05)
NO 2

IF B5 = REF, GO TO B7

B6. RECORD PLAN NAME FROM CARD OR ASK:

What is the name of the plan?

PLAN NAME _____

B7. Are/were you a member of a Medicare HMO?

YES..... 1 (G05B07)
NO 2

B8. Does/did your Medicare plan allow you to go to any doctor you want, or ^MCARTXT1^(3/4) it require you to choose from a group or list of doctors?

CHOOSE ANY DOCTOR 1 (G05B08)
CHOOSE FROM A LIST 2

B9. Does/did your Medicare plan require you to obtain authorization before seeing a specialist for medical care?

YES..... 1 (G05B09)
NO 2