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## NHATS Round 3

Section IP [INSURANCE PLANS]

Sequence: 31

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**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

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**IP1**

**ip3covmedcad**

R3 IP1 COVERD 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	

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**IP2**

**ip3otdrugcov**

R3 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	

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**IP3**

**ip3mgapmedsp**

R3 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	

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**IP4**

**ip3cmedicaid**

R3 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**

**ip3covtricar**

R3 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**

**ip3nginslast**

R3 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**

**ip3nginsnurs**

R3 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**

**ip3typcarco1**

R3 IP7 LTC INS NURSNG HOME COVD

**ip3typcarco2**

R3 IP7 LTC INS ASSISTD LVNG COVD

**ip3typcarco3**

R3 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**

**ip3payprems**

R3 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