Beta

```
Throughout the specifications for this CAPI section, for screens that
specify the reference period {END DATE} as part of the context header,
CAPI displays the {END DATE} only for Round 5. In any other round, CAPI
does not display the {END DATE} in the context header. For most
persons, the end date for Round 5 will be December 31 of the second
year of the panel.
```

HX01

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

{STR-DT} {END-DT}

Now I'd like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}.

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'ASK....AVAILABLE.' IF ROUND 1.   OTHERWISE, USE A
NULL DISPLAY.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

```
ROUTING INSTRUCTION:
IF ROUND 1, GO TO BOX_03

OTHERWISE, CONTINUE WITH BOX_01
```

```
Context Header Display Instructions:
For month display 3 char month (eg. JAN, FEB)
```

BOX_01

```
ASK THE OLD EMPLOYMENT AND PRIVATE RELATED INSURANCE (OE) SECTION.

AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02
```

BOX_02

```
ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION.

AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03
```

BOX_03

```
IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH
  INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' OR IS FLAGGED AS
  'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-THAN 1,
CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_05
```

LOOP_01

```
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX02 -
END_LP01

LOOP DEFINITION:  LOOP_01 COLLECTS INFORMATION ABOUT PRIVATE HEALTH
INSURANCE OBTAINED THROUGH AN EMPLOYER.  THIS LOOP CYCLES ON ESTABLISHMENT-
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH
INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' OR IS FLAGGED AS
  'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-THAN-1.
```

HX02

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.VERCOVR	VERIFY HEALTH INS THROUGH ESTABLISHMENT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT) **at some point after (START DATE)**.

SELECT 'HAS/HAD HEALTH INSURANCE' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HAS/HAD HEALTH INSURANCE THROUGH (ESTABLISHMENT) AT SOME POINT AFTER (START DATE)	1	{BOX_04}
DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT)	2	{END_LP01}

```
ROUTING INSTRUCTION:
IF CODED '2' (DOES NOT HAVE HEALTH INSURANCE THROUGH
(ESTABLISHMENT)), FLAG THIS ESTABLISHMENT-PERSON-PAIR AS 'NOT
SEPARATE SOURCE OF INSURANCE' AND GO TO END_LP01

OTHERWISE, CONTINUE WITH BOX_04
```

```
Context Header Display Instructions:
Rounds 1-4, just display the begin date rather than both the
begin and end date.

If Round 5 then display both the begin and end date.
```

BOX_04

```
ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THIS
ESTABLISHMENT-PERSON-PAIR.

AT COMPLETION OF HP SECTION, CONTINUE WITH END_LP01
```

END_LP01

```
CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH
BOX_05.
```

BOX_05

```
IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING
  HEALTH INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'
AND
- FIRM SIZE OF ESTABLISHMENT = 1,
CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_07
```

LOOP_02

```
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK LOOP_03 -
END_LP02

LOOP DEFINITION:  LOOP_02 COLLECTS INFORMATION ABOUT THE SOURCES OF
DIRECTLY PURCHASED HEALTH INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB
WHERE FIRM SIZE = 1.  THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT
MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'
- FIRM SIZE OF ESTABLISHMENT = 1
```

LOOP_03

```
FOR EACH OF THE FOLLOWING:

INSURANCE CATEGORY 1
INSURANCE CATEGORY 2
INSURANCE CATEGORY 3
INSURANCE CATEGORY 4
INSURANCE CATEGORY 5
INSURANCE CATEGORY 6

ASK HX03 -  END_LP03

LOOP DEFINITION:  LOOP_03 COLLECTS INFORMATION ABOUT THE WAYS PERSON
PURCHASED HEALTH INSURANCE (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH
A SELF-EMPLOYED JOB WITH FIRM-SIZE = 1.  THE FIRST CYCLE OF THIS LOOP
COLLECTS THE MAIN WAY PERSON PURCHASES INSURANCE.  SUBSEQUENT CYCLES
COLLECT ADDITIONAL WAYS PERSON PURCHASES INSURANCE.

THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP CYCLES AGAIN.  IF HX04 IS
CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT INSURANCE CATEGORY.
IF HX04 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), THE LOOP
ENDS.
```

HX03

☑ Help Enabled (INSCATGRY)　　　☑ Comment Enabled　　☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PURCHTYP	MAIN CATEGORY OF PURCHASING INSURANCE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

- -

SHOW CARD HX-1.

{You mentioned that (PERSON) {(are/is)/(were/was)} self-employed and had health insurance through that business.} Which category on this card comes closest to {the **main**/another} way (PERSON) (purchase/purchases) this insurance?

FROM A PROFESSIONAL ASSOCIATION	1	{BOX_06}
FROM A SMALL BUSINESS GROUP	2	{BOX_06}
FROM A UNION	3	{BOX_06}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE	4	{BOX_06}
DIRECTLY FROM AN INSURANCE AGENT	5	{BOX_06}
DIRECTLY FROM INSURANCE COMPANY	6	{BOX_06}
DIRECTLY FROM AN HMO	7	{BOX_06}
FROM A PREVIOUS EMPLOYER	8	{BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA)	9	{BOX_06}
OTHER	91	{HX03OV}
--		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

6

```
DISPLAY INSTRUCTIONS:
DISPLAY 'You mentioned that (PERSON) {(are/is)/(were/was)}
self-employed and had health insurance through that business.'
IF FIRST CYCLE THROUGH LOOP_03.  OTHERWISE USE A NULL
DISPLAY.

DISPLAY '(are/is)' IF ESTABLISHMENT IS FLAGGED AS A CURRENT
EMPLOYER.  DISPLAY '(were/was)' IF ESTABLISHMENT IS NOT
FLAGGED AS A CURRENT EMPLOYER, OR IF CURRENT ROUND IS ROUND 5.

DISPLAY 'the main' IF FIRST CYCLE THROUGH LOOP_03. OTHERWISE
(I.E., NOT FIRST CYCLE), DISPLAY 'another'.
```

HX03OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PURCHOS	GET INS FROM OTHER SOURCE-SPECIFIED	25

OTHER SPECIFY:_____   {BOX_06}

Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

BOX_06

```
ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THE RESPONSE CATEGORY
SELECTED AT HX03.

AT COMPLETION OF HP SECTION, CONTINUE WITH HX04
```

HX04

☑ Help Enabled (INSCATGRY)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_HX04		

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

- -

SHOW CARD HX-1.

Aside from what you already told me about, is there another category on this card which describes the way (PERSON) (purchase/purchases) health insurance for (ESTABLISHMENT)?

YES	1	{END_LP03}
NO	2	{END_LP03}
--		
Refused	RF	{END_LP03}
Don't Know	DK	{END_LP03}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03

```
IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT WAY OF PURCHASING
INSURANCE.

OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02
```

END_LP02

```
CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS,  END LOOP_02 AND CONTINUE
WITH BOX_07
```

BOX 07

```
IF ROUND 1, GO TO HX06

OTHERWISE, CONTINUE WITH BOX_08
```

BOX 08

```
IF:
ANY NEW RU MEMBERS ADDED TO RU THIS ROUND,
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE
START DATE (USE REAL DATE OF BIRTH ONLY),
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65
(OR IN AGE CATEGORY 9) IN PREVIOUS ROUND,
CONTINUE WITH HX05

OTHERWISE, GO TO BOX_12
```

HX05

☑ Help Enabled (MEDICARE)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCARE	PERSON IS COVERED BY MEDICARE	2
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPCP.CREATEQ	CREATION STAMP	2
HOME.MEDICARE	ANYONE IN THE FAMILY COVERED BY MEDICARE	2
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2

{STR-DT} {END-DT}

My records indicate that (READ NAMES BELOW) {(are/is)} {either} {65 years old or older} {or} {joined the household since our last interview}.

{First Name, [Middle Name], Last Name}
{First Name, [Middle Name], Last Name}
{First Name, [Middle Name], Last Name}

(Has (READ NAME ABOVE)/Have any of these people) been covered by Medicare since {(START DATE)/between (START DATE) and (END DATE)}?

YES	1	
NO	2	{LOOP_04}
Refused	RF	{LOOP_04}
Don't Know	DK	{LOOP_04}

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

```
DISPLAY INSTRUCTIONS:
DISPLAY '(are/is)' AND '65 years old' IF ANY RU MEMBERS NOT
ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START
DATE OR IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING
MEDICARE WERE = OR > 65 PREVIOUS ROUND.

DISPLAY 'joined the household since our last interview' IF ANY
NEW RU MEMBERS ADDED TO THE RU THIS ROUND.

DISPLAY 'either' AND 'or' IF ANY NEW RU MEMBERS ADDED TO THE
RU THIS ROUND AND IF ANY RU MEMBERS NOT ALREADY FLAGGED AS
RECEIVING MEDICARE TURNED 65 SINCE START DATE OR ANY RU
MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR >
65 PREVIOUS ROUND.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

```
ROUTING INSTRUCTION:
IF HX05 IS CODED '1' (YES) AND ONLY ONE RU MEMBER ELIGIBLE FOR
HX05, SELECT THAT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO
TO LOOP_04

IF HX05 IS CODED '1' (YES) AND MORE THAN ONE RU MEMBER
ELIGIBLE FOR HX05, GO TO HX07
```

Roster Details

Title: RU_Members_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-MEMBERS-ROSTER for display of RU-members.
```

```
Roster Behavior:
1. Select, add, delete, and edit disallowed.
```

```
Roster Filter:
Otherwise, display RU-Members who meet one of the following
conditions:
1. Person is a new RU member this round,
2. Person turned 65 years old this round and is not
   flagged as covered by Medicare during any round,
3. Or person >= 65 (or in age category 9) last round
   and not flagged as covered by Medicare during any round.
```

HX06

☑ Help Enabled (MEDICARE)　　　☑ Comment Enabled　　☑ Jump Back Enabled

Variable Name	Label	Size
HOME.MEDICARE	ANYONE IN THE FAMILY COVERED BY MEDICARE	2
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.MCARE	PERSON IS COVERED BY MEDICARE	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2

{STR-DT}

There are several large public health insurance programs {with similar names} that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as {Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME} are state programs which cover low income families and individuals or children who do not have private health insurance.

SHOW CARD HX-2.

Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since (START DATE), has anyone in the family been covered by Medicare?

YES	1
NO	2

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'or KidsCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH
INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'or ARKids First' FOR 'STATE CHIP NAME' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS ARKANSAS.

DISPLAY 'or Healthy Families' FOR 'STATE CHIP NAME' IF STATE
IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'or Child Health Plan Plus (CHP+) FOR 'STATE CHIP
NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS
COLORADO.

DISPLAY 'or Husky Plan or Husky Plus' FOR 'STATE CHIP NAME' IF
STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CONNECTICUT.

DISPLAY 'or DC Healthy Families or FOR 'STATE CHIP NAME' IF
STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WASHINGTON, DC.

DISPLAY 'or Delaware Healthy Children Program' FOR 'STATE CHIP
NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS
DELAWARE.

DISPLAY 'or Florida KidCare' FOR 'STATE CHIP NAME' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS FLORIDA.

DISPLAY 'or PeachCare for Kids' FOR 'STATE CHIP NAME' IF STATE
IN WHICH INTERVIEW IS BEING CONDUCTED IS GEORGIA.

DISPLAY 'or hawk-i' (Healthy and weell kids in Iowa) FOR
'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS IOWA.

DISPLAY 'or Idaho Children's Health Insurance Program' FOR
'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS IDAHO.

DISPLAY 'or KidCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH
INTERVIEW IS BEING CONDUCTED IS ILLINOIS.

DISPLAY 'or Hoosier Healthwise' FOR 'STATE CHIP NAME' IF STATE
IN WHICH INTERVIEW IS BEING CONDUCTED IS INDIANA.

DISPLAY 'or HealthWave' FOR 'STATE CHIP NAME' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS KANSAS.

DISPLAY 'or Kentucky Children's Health Insurance Program' FOR
'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS KENTUCKY.

DISPLAY 'or LaCHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH
INTERVIEW IS BEING CONDUCTED IS LOUISIANA.

DISPLAY 'or State Children is Health Insurance Program (SCHIP)
' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS MAINE.

DISPLAY 'or Maryland Children's Health Program'  FOR 'STATE
CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS
MARYLAND.
```

14

DISPLAY 'or MA Children's Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'MIChild' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MICHIGAN.

DISPLAY 'or MinnesotaCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MINNESOTA.

DISPLAY 'or MC+ for Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI.

DISPLAY 'or Mississippi Health Benefits Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSISSIPPI.

DISPLAY 'or Montana Children's Health Insurance Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MONTANA.

DISPLAY 'or Kids Connection' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEBRASKA.

DISPLAY 'or Nevada Check Up' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEVADA.

DISPLAY 'or Healthy Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW HAMPSHIRE.

DISPLAY 'or NJ Family Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW JERSEY.

DISPLAY 'or New MexiKids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW MEXICO.

DISPLAY 'or Child Health Plus (CHPlus)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW YORK.

DISPLAY 'or NC Health Choice for Children' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NORTH CAROLINA.

DISPLAY 'or Healthy Steps Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NORTH DAKOTA.

DISPLAY 'or Healthy Start' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OHIO.

DISPLAY 'or State Children's Health Insurance Program (SCHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OKLAHOMA.

DISPLAY 'or State Children's Health Insurance Program (SCHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OREGON.

DISPLAY 'or Pennsylvania Children's Health Insurance Program'

FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS PENNSYLVANIA.

DISPLAY 'or RIte Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS RHODE ISLAND.

DISPLAY 'or Partners for Healthy Children (PHC)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA.

DISPLAY 'or Children's Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH DAKOTA.

DISPLAY 'or TexCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TEXAS.

DISPLAY 'or Children's Health Insurance Program (CHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS UTAH.

DISPLAY 'or Dr. Dynasaur' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VERMONT.

DISPLAY 'or Family Access to Medical Insurance Security (FAMIS) Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VIRGINIA.

DISPLAY 'or Children's Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WASHINGTON.

DISPLAY 'or West Virginia Children's Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WEST VIRGINIA.

DISPLAY 'or BadgerCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WISCONSIN.

DISPLAY 'or KidCare CHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING.

OTHERWISE, DISPLAY 'or State Children's Health Insurance Program (CHIP)' FOR 'STATE CHIP NAME.'

```
PROGRAMMER NOTES:
DISPLAY 'with similar names' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES 'MEDICAID' OR A NAME SIMILAR TO MEDICARE
(SUCH AS MEDI-CAL).

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS ONE OF THE FOLLOWING:
ALABAMA, ARKANSAS, COLORADO, CONNECTICUT, FLORIDA, GEORGIA,
IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, KENTUCKY, LOUISIANA,
MICHIGAN, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW
HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA,
NORTH DAKOTA, OHIO, SOUTH CAROLINA, TEXAS, UTAH, VERMONT,
VIRGINIA,  WEST VIRGINIA,WISCONSIN, WYOMING

DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR MEDICAID'  IF
STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE
FOLLOWING:
ALASKA, DISTRICT OF COLUMBIA, HAWAII, IOWA, MARYLAND,
MINNESOTA, PENNSYLVANIA, SOUTH DAKOTA, WASHINGTON

DISPLAY 'Arizona Health Care Cost Containment System' FOR
'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS ARIZONA.

DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID'  IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'Delaware Medical Assistance Program (DMAP)' FOR
'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED IS DELAWARE.

DISPLAY 'MaineCare' FOR 'STATE NAME FOR MEDICAID'  IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS
MAINE.

DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'Medicaid/MC+' FOR 'STATE NAME FOR MEDICAID' IF STATE
IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI.

DISPLAY 'SoonerCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS OKLAHOMA.

DISPLAY 'Oregon Health Plan' FOR 'STATE NAME FOR MEDICAID' IF
STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OREGON.

DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID'  IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.

DISPLAY 'or Denali KidCare' FOR 'STATE CHIP NAME' IF STATE IN
WHICH INTERVIEW IS BEING CONDUCTED IS ALASKA.

DISPLAY 'or ALL Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH
INTERVIEW IS BEING CONDUCTED IS ALABAMA.
```

```
ROUTING INSTRUCTION:
IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON
AUTOMATICALLY BY CAPI AT HX07 AND GO TO
LOOP_04

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX07

IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND
ONE OR MORE RU MEMBER = > 65 YEARS OLD, GO TO LOOP_04

IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND NO
RU MEMBER = > 65 YEARS OLD, GO TO BOX_12
```

HX07

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.bw_HX07		
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.MCARE	PERSON IS COVERED BY MEDICARE	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]   {LOOP_04}

Roster Details		
Title:	RU_MEMBERS_SelectOne	
Col #	**Header**	**Instructions**
1	PERSON-TYPE-PROVIDER	Display RU members' first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection of RU-
members.

Roster Behavior:
1. Multiple select allowed. Interviewer may select one
   or more from the listed members.
2. Add, delete, and edit disallowed.

Roster Filter:
```

In Round 1, none. Display all.
In Rounds 2-5, display RU-Members who meet one of the
following conditions:
1. Person is a new RU member this round,
2. Person turned 65 years old this round and is not flagged
   as covered by Medicare during any round,
3. Or person >= 65 (or in age category 9) last round and
   not flagged as covered by Medicare during any round.

LOOP_04

```
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK BOX_09-END_LP04

LOOP DEFINITION:  LOOP_04 DETERMINES IF REASON FOR MEDICARE IS
CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS
SOCIAL SECURITY STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY
MEDICARE.  THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING
CONDITIONS:
- IF ROUND 1:  ALL CURRENT RU MEMBERS
- IF NOT ROUND 1:  ALL CURRENT RU MEMBERS WHO MEET ONE OF THE FOLLOWING
CONDITIONS:
- PERSON IS A NEW RU MEMBER THIS ROUND,
OR
- PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED
  BY MEDICARE DURING ANY ROUND
OR
- PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT
  FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.
```

BOX_09

```
IF ROUND 1, GO TO BOX_11

OTHERWISE, CONTINUE WITH BOX_10
```

BOX_10

```
IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11

IF HX05 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND RU
MEMBER TURNED 65 THIS ROUND, GO TO HX09

OTHERWISE, GO TO END_LP04

NOTE:  HX09 IS NOT RE-ASKED OF PERSONS WHO WERE OVER 65 DURING THE
PREVIOUS ROUND AND DID NOT RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING
MEDICARE DURING THE CURRENT ROUND.
```

BOX_11

```
IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES
1-8), CONTINUE WITH HX08

IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY
9), GO TO END_LP04

IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE
CATEGORIES 1-8), GO TO END_LP04

IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE
CATEGORY 9), GO TO HX09

IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW)) AND PERSON IS < 65 YEARS OLD (OR IN AGE
CATEGORIES 1-8), GO TO END_LP04

IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW)) AND PERSON IS = > 65 YEARS OLD (OR IN AGE
CATEGORY 9), GO TO HX09
```

HX08

☑ Help Enabled (HX08Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCAREREA	RECEIVE MEDICARE FOR COND/DISABILITY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive **Medicare** because of a medical condition or a disability?

YES	1	{END_LP04}
NO	2	{END_LP04}
---	---	---
Refused	RF	{END_LP04}
Don't Know	DK	{END_LP04}

HELP AVAILABLE FOR DEFINITION OF CONDITION/DISABILITY.

HX09

☑ Help Enabled (HX09Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PRND.SOCSEC	DOES PERSON RECEIVE SOCIAL SECURITY	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get **Medicare**. (Do/Does) (PERSON) receive Social Security?

YES	1	{END_LP04}
NO	2	{END_LP04}
Refused	RF	{END_LP04}
Don't Know	DK	{END_LP04}

HELP AVAILABLE FOR DEFINITION OF SOCIAL SECURITY.

END_LP04

```
CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE
WITH BOX_12
```

BOX_12

```
IF MEDICAID/SCHIP PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO
TO BOX_14

OTHERWISE, CONTINUE WITH BOX_12A
```

BOX 12A

```
IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF INSURANCE FOR ANY RU MEMBER
DURING THE CURRENT ROUND, GO TO BOX_14

OTHERWISE, CONTINUE WITH HX10
```

HX10

☑ Help Enabled (MEDICAT)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.MEDICAID	ANYONE IN FAMILY COVERED BY MEDICAID	2
HOME.MCAIDNUM	MEDICAID CARD INFO COLLECTD ON THIS EPRS	20
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.MCAID	PERSON COVERED BY MEDICAID	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

- -

{Some people are covered by programs called **{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}**. These are state programs for low income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.}

{SHOW CARD HX-3.}

{People covered by **{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}** usually have a (piece of paper/card) that looks something like this.}

{During the last interview, we recorded that no one in the family was covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}.}

Has anyone in the family been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since (START DATE)/between (START DATE) and (END DATE)}?

YES	1	
NO	2	{BOX_14}

Refused	RF	{BOX_14}
Don't Know	DK	{BOX_14}

HELP AVAILABLE FOR DEFINITION OF MEDICAID.

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH ('Some .... homes.') ONLY IF ROUND 1.
OTHERWISE, USE A NULL DISPLAY.

DISPLAY SECOND PARAGRAPH (INCLUDING REFERENCE TO SHOW CARD)
ONLY IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED ISSUES A
CARD OR PIECE OF PAPER TO MEDICAID RECIPIENTS.  THIS INCLUDES
ALL STATES EXCEPT TENNESSEE.  IF THE INTERVIEW IS BEING
CONDUCTED IN TENNESSEE, USE A NULL DISPLAY.

DISPLAY THIRD PARAGRAPH ('During... CHIP NAME}}.')ONLY IF NOT
ROUND 1.  OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF
THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE
THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY STATE,
SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING
THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE
BY STATE, SEE BOX ON HX06.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

```
ROUTING INSTRUCTION:
IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON
AUTOMATICALLY BY CAPI AT HX11 AND GO TO LOOP_05

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX11
```

HX11

☐ Help Enabled　　　　　☑ Comment Enabled　☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.bw_HX11		
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.MCAID	PERSON COVERED BY MEDICAID	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who is covered by **{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}**?

PROBE: Who else is covered by **{Medicaid/{STATE NAME FOR MEDICAID}}or {STATE CHIP NAME}**?

[First Name,[Middle Name],Last Name]

[First Name,[Middle Name],Last Name]

[First Name,[Middle Name],Last Name]　　　　　{LOOP_05}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF
THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE
THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY STATE,
SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING
THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE
BY STATE, SEE BOX ON HX06.
```

Roster Details

Title: RU_Members_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection of RU-
members.
```

```
Roster Behavior:
1. Multiple select allowed. Interviewer may select from the
   listed members.
2. Add, delete, and edit disallowed.
```

```
Roster Filter:
None, Display All.
```

LOOP_05

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_13 -
END_LP05

LOOP DEFINITION:  LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU
MEMBERS COVERED BY MEDICAID/SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID/SCHIP
AND
- PERSON IS FLAGGED AS COVERED BY MEDICAID/SCHIP
  DURING THE CURRENT ROUND (I.E., SELECTED IN HX11)
```

BOX_13

```
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05
```

END_LP05

```
CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS
THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH
BOX_14
```

BOX 14

```
IF TRICARE/CHAMPVA PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO
TO BOX_16

OTHERWISE, CONTINUE WITH HX12
```

HX12

☑ Help Enabled (CHAMPTRI)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.CHAMP	ANY IN FAMILY COVERED BY CHAMPUS/CHAMPVA	2

{STR-DT} {END-DT}

{During the last interview, we recorded that no one in the family was covered by TRICARE or CHAMPVA.}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by TRICARE or CHAMPVA?

YES	1	{HX12A}
NO	2	{BOX_16}
Refused	RF	{BOX_16}
Don't Know	DK	{BOX_16}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH ('During .... TRICARE or CHAMPVA.') IF
NOT ROUND1. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between
(START DATE) and (END DATE)' IF ROUND 5.
```

HX12A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.HX12ABLSWVS		
HOME.CHAMPVA		
HOME.TRISTAND	SOMEONE IN RU HAS TRICARE STANDARD	2
HOME.TRIPRIME	SOMEONE IN RU HAS TRICARE PRIME	2
HOME.TRIEXTRA	SOMEONE IN RU HAS TRICARE EXTRA	2
HOME.TRILIFE	HX12A/PR19A/21A MEMBER HAS TRICARE(LIFE)	2

{STR-DT}{END-DT}

Which plan is it? Is it …

INTERVIEWER: CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

TRICARE Standard;	1
TRICARE Prime;	2
TRICARE Extra;	3
TRICARE for Life; or	4
CHAMPVA?	5

```
PROGRAMMER NOTES:
IF HX12 IS CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON
AT HX13 AUTOMATICALLY BY CAPI AND GO TO LOOP_06
```

```
ROUTING INSTRUCTION:
IF HX12 IS CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH
HX13
```

HX13

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.CHAMP	PERSON COVERED BY CHAMPUS/CHAMPVA	2
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT}{END-DT}

Who is covered by TRICARE or CHAMPVA?

PROBE: Who else is covered by TRICARE or CHAMPVA?

[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]   {LOOP_06}

Roster Details

Title: RU_Members_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection of RU-
members.
```
```
Roster Behavior:
1. Multiple select allowed. Interviewer may select from
   the listed members.
2. Add, delete, and edit disallowed.
```
```
Roster Filter:
None, Display All.
```

LOOP_06

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_15-
END_LP06

LOOP DEFINITION:  LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU
MEMBERS COVERED BY TRICARE OR CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
-  ESTABLISHMENT IS TRICARE/CHAMPVA
AND
-  PERSON IS FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT
ROUND (I.E., SELECTED AT HX13)
```

BOX_15

```
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06
```

END_LP06

```
CYCLE ON NEXT PAIR ON RU ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH
BOX_16
```

BOX_16

```
IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING
CURRENT ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH BOX_17
```

BOX_17

```
IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS
ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH HX14
```

HX14

☑ Help Enabled (INSTYPES)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.GOVTPROG	ANYONE COVERD BY STATE/LOCAL GOVT AGENCY	2
HOME.MCAIDNUM	MEDICAID CARD INFO COLLECTD ON THIS EPRS	20
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.GOVTPROG	PERSON IS COVERED BY GOVT PROGRAM	2
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT}{END-DT}

{During the last interview, we recorded that no one in the family was covered by any other state sponsored program which **provided hospital and physician benefits.}**

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family had any other type of health insurance obtained through any state or local government agency which **provided hospital and physician benefits?**

YES	1	{HX14A}
NO	2	{BOX_19}
Refused	RF	{BOX_19}
Don't Know	DK	{BOX_19}

HELP AVAILABLE FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  DISPLAY INSTRUCTIONS:
  DISPLAY FIRST PARAGRAPH ('During .... benefits.') IF NOT ROUND
  1.  OTHERWISE, USE A NULL DISPLAY.

  DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
  'between (START DATE) and (END DATE)' IF ROUND 5.
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

HX14A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.GOVTFLAG	GOVT HI PLAN NAME COLLECTED FLAG	2
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30

{STR-DT}

What is the name of the plan?

PLAN NAME: _____

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  PROGRAMMER NOTES:
  NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED FOR THE
  ESTABLISHMENT NAME IN THE CONTEXT HEADER(WHERE APPROPRIATE).
├ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┤
  ROUTING INSTRUCTION:
  IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON
  AT HX15 AUTOMATICALLY BY CAPI AND GO TO LOOP_07

  IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH
  HX15
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

HX15

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.bw_HX15		
HOME.MCAIDNUM	MEDICAID CARD INFO COLLECTD ON THIS EPRS	20
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.GOVTPROG	PERSON IS COVERED BY GOVT PROGRAM	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]
[First Name,[Middle Name],Last Name]   {LOOP_07}

Roster Details

Title: RU_Members_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection of RU-members.

Roster Behavior:
1. Multiple select allowed. Interviewer may select from the listed members.

2. Add, delete, and edit disallowed.

Roster Filter:
None, Display All.

LOOP_07

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_18-
END_LP07

LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU
MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
-   ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
AND
-   PERSON IS FLAGGED AS BEING COVERED BY GOVT-HOSPITAL/PHYSICIAN
    DURING THE CURRENT ROUND (I.E., SELECTED AT HX15)

BOX_18

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP07

END_LP07

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS
THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH
BOX_19

BOX_19

IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO ANY RU MEMBER AT ANY
TIME DURING THE PREVIOUS ROUND, GO TO HX21

OTHERWISE, CONTINUE WITH HX16

HX16

☑ Help Enabled (HX16Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.STATPROG	ANYONE COVERED BY A STATE PROGRAM	2

{STR-DT} {END-DT}

{During the last interview, we recorded that no one in the family/Some people} receive{d} health benefits from other state programs {such as (READ PROGRAM NAMES BELOW) or other public programs} that provide coverage for health care services.

{STATE NAME FOR PROGRAM #1}
{STATE NAME FOR PROGRAM #2}
{STATE NAME FOR PROGRAM #3}
{STATE NAME FOR PROGRAM #4}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by any program like this?

YES	1	{LOOP_08}
NO	2	{HX21}
Refused	RF	{HX21}
Don't Know	DK	{HX21}

HELP AVAILABLE FOR A LIST OF OTHER STATE PROGRAMS.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'During the last interview, we recorded that no one in
the family' AND THE 'd' ON 'receive' IF NOT ROUND 1.
OTHERWISE, DISPLAY 'Some people'.

DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS
(AS LISTED IN NEXT BOX) FOR 'STATE NAME FOR PROGRAM #N' IF
STATE HAS OTHER STATE PROGRAMS.  OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.  DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

```
PROGRAMMER NOTES:
STATE  -   OTHER PUBLIC PROGRAM(S)

ALASKA - Chronic and Acute Medical Assistance (CAMA), AK AIDS
Drug Assistance Program (ADAP)

ALABAMA - Hypertension Program, Senior Rx, AIDS Drug
Assistance Program (ADAP), Alabama Breast and Cervical Cancer
Early Detection Program

ARIZONA - Primary Care Programs, Copper Rx Card, Non-Renal
Transplant Medications Program, AZ AIDS Drug Assistance
Program (ADAP)

ARKANSAS - Arkansas Kidney Disease Commission, AR AIDS Drug
DDS Children's Services

CALIFORNIA - AIDS Drug Assistance Program (ADAP), CA Breast
and Cervical Cancer Early Detection Program, Discount
Prescription Medication Program, Healthy Families

COLORADO - Colorado Breast and Cervical Cancer Early Detection
Program, Colorado AIDS Drug Asistance Program, Colorado
Indigent Care Program (CICP)

CONNECTICUT - ConnPACE, CT AIDS Drug Assistance Program
(ADAP), Healthy Start, CT Pharmaceutical Assist. Contract

DELAWARE - Delaware Prescription Drug Assist. Program, DE AIDS
Drug Assistance Program (ADAP), Nemours Pharmaceutical
Assistance Program, Chronic Renal Disease Program

DISTRICT OF COLUMBIA - DC AIDS Drug Assistance Program (ADAP),
Medical Charities Program, DC Healthcare Alliance, DC  Breast
and Cervical Cancer Early Detection Program

FLORIDA - Florida Statewide Kidney Disease Program, Silver
Saver Program, Prescription Discount Program, AIDS Drug
Assistance Program (ADAP)

GEORGIA - AIDS Drug Assistance Program (ADAP), GA Breast and
Cervical Cancer Early Detection Program

HAWAII - Hawaii Chronic Renal Disease Program, AIDS Drug
Assistance Program (ADAP), Hawaii Rx Discount Program,  Breast
and Cervical Cancer Early Detection Program

IDAHO - Catastrophic Fund, ID AIDS Drug Assistance Program
(ADAP), Family Support Program

ILLINOIS - CircuitBreaker Pharmacy Assist. Program, IL Rx
Buying Club, ILBreast and Cervical Cancer Early Detection
Program, IL AIDS Drug Assistance Program (ADAP)

INDIANA - Hoosier Rx, Children's Special Health Care Services,
IN AIDS Drug Assistance Program (ADAP), IN Breast and Cervical
Cancer Early Detection Program

IOWA - Iowa Priority Prescription Savings Program, AIDS Drug
Assistance Program (ADAP)
```

KANSAS – KS AIDS Drug Assistance Program (ADAP), MediKan, Kansas Breast and Cervical Cancer Early Detection Program, Kansas Senior Pharmacy Assistance Program

KENTUCKY – KY AIDS Drug Assistance Program (ADAP), Healthy Kentucky, Kentucky Pharmaceutical Assistance Program, Kentucky Access

LOUISIANA – LA AIDS Drug Assistance Program (ADAP), LA Breast and Cervical Cancer Early Detection Program

MAINE – Elderly Low Cost Drug Program, Maine AIDS Drug Assistance Program (ADAP), Maine Breast and Cervical Cancer Early Detection Program, Maine Rx and Rx + Program

MARYLAND – Kidney Disease Program, Maryland Pharmacy Discount Program, Maryland State Family Planning Program, MD AIDS Drug Assistance Program (ADAP)

MASSACHUSETTS – CenterCare Program, Children's Medical Security Plan, Prescription Advantage Plan, MA AIDS Drug Assistance Program (ADAP)

MICHIGAN – Michigan AIDS Drug Assistance Program (ADAP), Adult Medical Program, EPIC (Elderly Prescription Insurance Coverage), MI Rx Prescription Savings Program

MINNESOTA – The Prescription Drug Program, MN AIDS Drug Assistance Program (ADAP), General Assistance Medical Care, MinnesotaCare

MISSISSIPPI – MS AIDS Drug Assistance Program (ADAP), Mississippi Breast and Cervical Cancer Early Detection Program, Mississippi Children's Medical Program, First Steps: Early Intervention Program

MISSOURI – Missouri Kidney Program (MoKP), Missouri Senior Rx Program, Missouri General Relief, MO AIDS Drug Assistance Program (ADAP)

MONTANA – End-Stage Renal Disease Program, Prescription Drug Plus Program, MT AIDS Drug Assistance Program (ADAP)

NEBRASKA – Chronic Renal Disease Program, Nebraska AIDS Drug Assistance Program (ADAP), Nebraska Breast and Cervical Cancer Early Detection Program, Perinatal and Child Health Program

NEW HAMPSHIRE – Catastrophic Illness Program, New Hampshire Breast and Cervical Cancer Early Detection Program, RX Drug Discount Program for Seniors, NH AIDS Drug Assistance Program (ADAP)

NEVADA – Senior Rx Insurance Subsidy for Prescription Drugs, NV AIDS Drug Assistance Program (ADAP), Womens Health Connection, Children with Special Health Care Needs (CSHCN)

NEW JERSEY – Pharmaceutical Assistance for the Aged and Disabled (PAAD), Chronic Renal Disease Services, Senior Gold Prescription Discount Program, NJ AIDS Drug Assistance Program (ADAP)

NEW MEXICO -New Mexico AIDS Drug Assistance Program (ADAP), Prescription Drug Discount Program for Seniors, Family Infant Toddler Program, Breast and Cervical Cancer Early Detection Program

NEW YORK - Elderly Pharmaceutical Insure Program (EPIC), NY AIDS Drug Assistance Program (ADAP), APIC Primary Care, Family Health Plus

NORTH CAROLINA - State Kidney Program, NC AIDS Drug Assistance Program (ADAP), Caring Program for Children, Prescription Drug Assistance Program

NORTH DAKOTA - ND Breast and Cervical Cancer Early Detection Program, ND AIDS Drug Assistance Program (ADAP)< Health Tracks, Children's Special Health Services (CSHS)

OHIO - Ohio Disability Assistance Medical Program, Ohio AIDS Drug Assistance Program (ADAP), Healthy Start, Healthy Families, Golden Buckeye Prescription Drug Savings Program

OKLAHOMA - AIDS Drug Assistance Programs (ADAP), Oklahoma Prescription Drug Discount Program, Oklahoma Breast and Cervical Cancer Early Detection Program, Maternal and Child Health Services

OREGON - Senior Prescription Drug Assistance Program - Discounts, Oregon Breast and Cervical Cancer Early Detection Program, AIDS Drug Assistance Program (ADAP)

PENNSYLVANIA - Adult Basics, Pharmacy Assistance Contract for Elderly (PACE/PACE NET), The Healthy Woman Program, Special Pharmacy Benefits Program-AIDS/HIV Waiver (SPBP)

RHODE ISLAND - General Public Assistance Medical Program, Rhode Island Pharmacy Assistance for Elderly (RIPAE), Rhode Island Women's Cancer Screening Program, RI AIDS Drug Assistance Program (ADAP)

SOUTH CAROLINA - Silverx Card Seniors' Prescription Drug Program, SC AIDS Drug Assistance Program (ADAP), SC Breast and Cervical Cancer Early Detection Program, Communicare

SOUTH DAKOTA - All Woment Count! Program, Children's Special Health Services (CSHS), SD Ryan White Title II Care Program, SD Chronic Renal Disease Program

TENNESSEE - Tennessee Renal Disease Program, TN AIDS Drug Assistance Program (ADAP), Tennessee Breast and Cervical Cancer Early Detection Program, Children's Special Services (CSS)

TEXAS - Division of Kidney Health Care Program, Texas HIV Medication Program (THMP), Community Alzheimer's Resources and Education (CARE), Breast and Cervical Cancer Control

UTAH - Utah Children with Special Health Care Needs (CSHCN), Utah AIDS Drug Assistance Program (ADAP), Utah Cancer Control Program

VIRGINIA - VA AIDS Drug Assistance Program (ADAP), Every

Woman's Life, Child Development Services Program

VERMONT - Vermont Health Access Plan (VHAP), VT AIDS Insurance
Continuation Coverage Program, Children With Special Needs,
Ladies First

WASHINGTON - WA State Kidney Disease Program, WA AIDS Drug
Assistance Program (ADAP), Rx Washington Discount Plan,
Children with Special Health Care Needs (CSHCN)

WEST VIRGINIA - Golden Mountaineer Discount Card Program, WV
AIDS Drug Assistance Program (ADAP), Children with
SpecialHealth Care Needs (CSHCN)

WISCONSIN - WisconCare Program, Wisconsin SeniorCare
Prescription Drug Assistance Program, WI AIDS Drug Assistance
Program (ADAP), WI Chronic Disease Program

WYOMING - Minimum Medical Program (MMP), Prescription Drug
Assistance Program, WY HIV/AIDS/Hepatitis Program, WY End
Stage Renal Disease Program

LOOP_08

```
FOR EACH OF THE FOLLOWING:

GROUP 1
GROUP 2

ASK BOX_20 - END_LP08

LOOP DEFINITION:  LOOP_08 COLLECTS INFORMATION ON OTHER STATE OR PUBLIC
PROGRAMS.  THE FIRST CYCLE OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC
INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 OTHER PUBLIC INSURANCE
PROGRAMS.

THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE SUBSEQUENT CYCLE OF THE LOOP
IS DETERMINED BY THE RESPONSE AT HX20.  IF HX20 IS CODED '1' (YES),THE
LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION. IF HX20
IS CODED '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), OR IS NOT ASKED, THE
LOOP ENDS.
```

BOX_20

```
IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17

OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO TO HX18
```

HX17

☑ Help Enabled (STATEPRGM)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.STPROG1	RECEIVE BENEFITS FROM STATE PROGRAM #1	2
ESTB.STPROG2	RECEIVE BENEFITS FROM STATE PROGRAM #2	2
ESTB.STPROG3	RECEIVE BENEFITS FROM STATE PROGRAM #3	2
ESTB.STPROG4	RECEIVE BENEFITS FROM STATE PROGRAM #4	2
ESTB.STPRGOTH	RECEIVE BENEFITS FR OTHER STAE PROGRAM	2
ESTB.STPRGNOT	NO BENEFITS RECEIVED FROM LISTED ST PROG	2

{STR-DT} {END-DT}

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF/AFDC, SSI, WIC, IHS, PUBLIC HEALTH CLINIC OR VA IS MENTIONED, CODE 95.

CHECK ALL THAT APPLY.

{STATE SPECIFIC PLAN 1}   1
{STATE SPECIFIC PLAN 2}   2
{STATE SPECIFIC PLAN 3}   3
{STATE SPECIFIC PLAN 4}   4
OTHER   91   {HX17OV}
NONE OF THESE   95   {HX18}

Refused   RF   {BOX_21}
Don't Know   DK   {BOX_21}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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DISPLAY INSTRUCTIONS:
FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL NAME OF A STATE
PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS
OTHER STATE PROGRAMS. FOR THE SPECIFIC NAMES OF PROGRAMS BY
STATE, SEE BOX ON HX16.

PROGRAMMER NOTES:
ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP 1 PROGRAM
AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19.

CODES '1', '2', '3', '4', '5', AND '6' ARE RESERVED FOR STATE
SPECIFIC PLANS. IF THE STATE HAS LESS THAN 6 PLANS, DO NOT
ADJUST THE OTHER CODES. (I.E., FOR A STATE WITH NO STATE-
SPECIFIC PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' AT
HX18.)

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
'DK' IN COMBINATION WITH ANY OTHER CODE.

ROUTING INSTRUCTION:
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER
CODE, CONTINUE WITH HX17OV

IF CODED '95' (NONE OF THESE), GO TO HX18

OTHERWISE, GO TO BOX_21

Hard CHECK:
EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED WITH ANY OTHER CODES. IF
CODED '95' (NONE OF THESE) WITH ANY OTHER CODES, DISPLAY THE FOLLOWING
MESSAGE: '95 CANNOT BE CODED WITH ANY OTHER RESPONSES. VERIFY AND RE-
ENTER. CONTINUE.'

HX17OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.STPRGOS	RECEIVE BENEFITS FR ST PROG-SPECIFIED	25

OTHER SPECIFY: _____   {BOX_21}

Refused   RF   {BOX_21}

Don't Know   DK   {BOX_21}

HX18

☑ Help Enabled (OTHSTPRGM)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
ESTB.bw_HX18		
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
ESTB.AFDCPROG	RECEIVE BENEFITS FROM AFDC	2
ESTB.SSIPROG	RECEIVE BENEFITS FROM SSI	2
ESTB.WICPROG	RECIEVE BENEFITS FROM WIC	2
ESTB.IHSPROG	RECEIVE BENEFITS FR IHS-INDIAN HLTH SERV	2
ESTB.PHCPROG	RECEIVE BENEFITS FR PUBLIC HEALTH CLINIC	2
ESTB.VAPROG	RECEIVE BENEFITS FR VA (VETERANS ADM)	2

{STR-DT} {END-DT}

What is the name of the program?

PROBE: Any other state program?

CHECK ALL THAT APPLY.

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) OR AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN) 7

SSI (SUPPLEMENTAL SECURITY INCOME) 8

WIC (WOMEN, INFANTS AND CHILDREN) 9

IHS (INDIAN HEALTH SERVICE) 10

PUBLIC HEALTH CLINIC 11

VA (VETERANS ADMINISTRATION) 12

Refused   RF   {END_LP08}
Don't Know   DK   {END_LP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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PROGRAMMER NOTES:
ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A GROUP 2 PROGRAM
AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19

ROUTING INSTRUCTION:
IF:
NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT-
HOSPITAL/PHYSICIAN DURING CURRENT ROUND
AND
HX18 IS CODED '7' (AFDC), '8' (SSI), OR '9' (WIC), ALONE OR
WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_21

OTHERWISE, GO TO END_LP08

BOX_21

IF SINGLE-PERSON RU, SELECT PERSON AT HX19 AUTOMATICALLY BY CAPI AND GO TO
LOOP_09

IF MULTI-PERSON RU, CONTINUE WITH HX19

HX19

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.STSPEC	PERSON COVERED BY STATE SPECIFIC PLAN	2
EPRS.AFDCGRP	PERS COVERED BY AFDC/WIC/SSI/IHS/PHC/VA	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT}{END-DT}

- -

PROGRAM:
     {STATE PROGRAM PROVIDING COVERAGE}
     {STATE PROGRAM PROVIDING COVERAGE}
     {STATE PROGRAM PROVIDING COVERAGE}
     {STATE PROGRAM PROVIDING COVERAGE}

Who is covered by **(READ PROGRAMS ABOVE)**?

PROBE: Who else is covered by **(READ PROGRAMS ABOVE)**?

[First Name,[Middle Name],Last Name]

[First Name,[Middle Name],Last Name]

[First Name,[Middle Name],Last Name]   {LOOP_09}

```
DISPLAY INSTRUCTIONS:
IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED AT HX17.
IF COMING FROM HX18, DISPLAY ALL PROGRAMS SELECTED AT HX18.
```

Roster Details		
Title:	RU_Members_1	

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-MEMBERS-ROSTER for selection of RU-
members.
```

```
Roster Behavior:
1. Multiple select allowed. Interviewer may select from
   the listed members.
2. Add, delete, and edit disallowed.
```

```
Roster Filter:
None, Display All.
```

LOOP_09

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_22-
END_LP09

LOOP DEFINITION:  LOOP_09 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU
MEMBERS COVERED BY OTHER PUBLIC PROGRAMS. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
-   ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM
AND
-   PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 OR GROUP 2 OTHER PUBLIC
PROGRAM DURING THE CURRENT ROUND (I.E., SELECTED IN HX19)

IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT CODED '95' (NONE OF THESE),
THIS LOOP CYCLES ON A ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A
GROUP 1 OTHER PUBLIC PROGRAM.

IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND CYCLE OF LOOP_08, THEN
THE ESTABLISHMENT IS A GROUP 2 OTHER PUBLIC PROGRAM.
```

BOX_22

```
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP09
```

END_LP09

```
CYCLE ON NEXT PAIR ON RU ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH
BOX_23
```

BOX_23

```
IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON SECOND CYCLE OF LOOP_08, GO
TO END_LP08

OTHERWISE, CONTINUE WITH HX20
```

HX20

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.bw_HX20		

{STR-DT} {END-DT}

Are there any other state programs that provide coverage for health care services to anyone else in the family?

YES	1	{END_LP08}
NO	2	{END_LP08}
--		
Refused	RF	{END_LP08}
Don't Know	DK	{END_LP08}

END_LP08

```
IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP 2 PUBLIC INSURANCE
INFORMATION.

IF HX20 IS CODED '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), OR IS NOT
ASKED, END LOOP_08 AND CONTINUE WITH HX21
```

HX21

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.bw_HX21		

{STR-DT} {END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had {since (START DATE)/between (START DATE) and (END DATE)} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'This includes...coverage.' IF ANYONE IN RU HAS
MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

HX22

☑ Help Enabled (OTHINS)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.HILIST	ANYONE COVERD BY ANY OTHER HI SOURCE	2

{STR-DT} {END-DT}

SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain insurance.

{Not counting insurance you already told me about, at/At} any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any {other} source, such as those listed on the card?

YES	1	{LOOP_10}
NO	2	{BOX_25}
--		
Refused	RF	{BOX_25}
Don't Know	DK	{BOX_25}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Not counting insurance you already told me about, at'
AND 'other' IF ANY SOURCES OF INSURANCE ARE RECORDED FOR THIS
RU.

IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS RU, DISPLAY
'At'.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

LOOP_10

```
FOR EACH OF THE FOLLOWING:

PRIVATELY PURCHASED INSURANCE CATEGORY 1
PRIVATELY PURCHASED INSURANCE CATEGORY 2
PRIVATELY PURCHASED INSURANCE CATEGORY 3
PRIVATELY PURCHASED INSURANCE CATEGORY 4
PRIVATELY PURCHASED INSURANCE CATEGORY 5
PRIVATELY PURCHASED INSURANCE CATEGORY 6

ASK HX23 - END_LP10

LOOP DEFINITION:  LOOP_10 COLLECTS INFORMATION ABOUT PRIVATELY PURCHASED
HEALTH INSURANCE OBTAINED FROM SOURCES OTHER THAN EMPLOYERS MENTIONED IN
THE EMPLOYMENT SECTION OF THE INTERVIEW.  THIS LOOP CYCLES ON SOURCES OF
PRIVATELY PURCHASED INSURANCE LISTED AT HX23.  THE FIRST CYCLE OF THIS
LOOP COLLECTS THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE.
SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT HX24.  IF
HX24 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE
OF PRIVATELY PURCHASED INSURANCE.  IF HX24 IS CODED '2' (NO), 'RF'
(REFUSED), OR 'DK' (DON'T KNOW), THE LOOP ENDS.
```

HX23

☑ Help Enabled (OTHINS)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PRIVINS	PURCHASE SOURCE FOR HEALTH INSURANCE	2

{STR-DT} {END-DT}

SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION	1	{BOX_24}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE	2	{BOX_24}
DIRECTLY THROUGH A SCHOOL	3	{BOX_24}
DIRECTLY FROM AN INSURANCE AGENT	4	{BOX_24}
DIRECTLY FROM INSURANCE COMPANY	5	{BOX_24}
DIRECTLY FROM AN HMO	6	{BOX_24}
FROM A UNION	7	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (COBRA)	8	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)	9	{BOX_24}
FROM SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER	10	{BOX_24}
FROM SOME OTHER EMPLOYER	11	{BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE	12	{BOX_24}
OTHER SOURCE	91	{HX23OV}
---	---	---
Refused	RF	{BOX_24}
Don't Know	DK	{BOX_24}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

HX23OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PRIVINOS	PURCHASE SOURCE FOR HEALTH INSURANCE OS	25

ENTER OTHER: _____ {BOX_24}

Refused   RF   {BOX_24}
Don't Know   DK   {BOX_24}

BOX_24

```
ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THE RESPONSE CATEGORY
SELECTED AT HX23 AND FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE.

AT COMPLETION OF THE HP SECTION, CONTINUE WITH HX24
```

HX24

☑ Help Enabled (OTHINS)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.bw_HX24		

{STR-DT} {END-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES	1	{END_LP10}
NO	2	{END_LP10}
Refused	RF	{END_LP10}
Don't Know	DK	{END_LP10}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'since (START DATE)' IF NOT ROUND 5.   DISPLAY
'between (START DATE) and (END DATE)' IF ROUND 5.
```

END_LP10

```
IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT INSURANCE CATEGORY.

OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25
```

BOX_25

```
IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO
TO BOX_45

OTHERWISE, CONTINUE WITH BOX_26
```

BOX_26

```
IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT
ROUND, CONTINUE WITH BOX_27

OTHERWISE, GO TO BOX_29
```

BOX_27

```
IF ROUND 1, GO TO LOOP_11

OTHERWISE, CONTINUE WITH BOX_28
```

BOX_28

```
IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU MEMBERS WHERE MEDICARE
WAS RECORDED AS BEING RECEIVED THIS ROUND. THAT IS, CONTINUE WITH LOOP_11
ONLY IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON-PAIR WHERE THE
ESTABLISHMENT IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.

OTHERWISE, GO TO BOX_29
```

LOOP_11

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX25-
END_LP11

LOOP DEFINITION:  LOOP_11 COLLECTS MEDICARE CARD AND MANAGED CARE
INFORMATION FOR RU MEMBERS COVERED BY MEDICARE.  THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
IF ROUND 1:
- ESTABLISHMENT IS MEDICARE
AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICARE DURING THE ROUND
IF NOT ROUND 1:
- ESTABLISHMENT IS MEDICARE
AND
- PERSON IS AN RU MEMBER
AND
- ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND
```

HX25

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.CARECARD	WAS MEDICARE CARD AVAILABLE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under Section 903(c) of the Public Health Service Act, providing us with the number is a voluntary decision and the benefits (PERSON) may be receiving under this program will not be affected by your decision. This study is being conducted under the authority of Section 902(a) of the Public Health Service Act.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)'s Medicare card?

CARD AVAILABLE	1	{HX26}
CARD NOT AVAILABLE	2	{HX29}
Refused	RF	{HX29}
Don't Know	DK	{HX29}

HX26

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_HX26		
EPRS.SAWOTHER	OTHER CARD SHOWN	2
EPRS.SAWRRB	RAILROAD RETIREMENT CARD SHOWN	2
EPRS.SAWMCARE	MEDICARE CARD SHOWN	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVAILABLE.

MEDICARE CARD (RED, WHITE AND BLUE)	1	{HX27}
RAILROAD RETIREMENT BOARD CARD (RED, WHITE AND BLUE)	2	{HX27}
SOME OTHER CARD	3	{HX28}

```
PROGRAMMER NOTES:
INTERVIEWERS WILL BE TRAINED TO CODE ANY TYPE OF MANAGED CARE
CARD COLLECTED HERE AS SOME OTHER CARD.  THE NAME OF THE
MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX28.
```

```
ROUTING INSTRUCTION:
IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD RETIREMENT BOARD
CARD), CONTINUE WITH HX27

IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28
```

HX27

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
CARD.CARDID	CARD ID KEY: EPRSID + COUNTER(2)	22
CARD.CARDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CARD.CREATEQ	CREATION STAMP	2
CARD.CLAIMNUM	MEDICARE CLAIM NUMBER	9
CARD.CLAIMNU2	MEDICARE CLAIM NUM (ADDITIONAL DIGITS)	2
CARD.CLAIMNU3	MEDICARE CLAIM NUM (ADDITIONAL DIGITS)	2
CARD.EFFMM	CARD EFFECTIVE DATE - MONTH	2
CARD.EFFDD	CARD EFFECTIVE DATE - DAY	2
CARD.EFFYY	CARD EFFECTIVE DATE - YEAR	4
CARD.COVRTYPE	TYPE OF MEDICARE COVERAGE ENTITLED	2
CARD.CARDTYPE	TYPE OF MEDICARE CARD AVAILABLE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

{MEDICARE} CLAIM NUMBER: _____

Refused   RF
Don't know   DK

- -
EFFECTIVE DATE: __/__/____
                   MM DD YYYY
- -
TYPE OF COVERAGE (IS ENTITLED TO):

HOSPITAL ONLY	1
MEDICAL AND HOSPITAL	2
MEDICAL ONLY	3

```
DISPLAY INSTRUCTIONS:
DISPLAY 'MEDICARE' IF HX26 IS CODED '1' (MEDICARE CARD).
```

```
┌─────────────────────────────────────────────────────────────────┐
¦ ROUTING INSTRUCTION:                                              ¦
¦ IF HX26 IS CODED '3' (SOME OTHER CARD), CONTINUE WITH HX28        ¦
¦                                                                   ¦
¦ OTHERWISE, GO TO BOX_28A                                          ¦
└─────────────────────────────────────────────────────────────────┘
```

```
Hard CHECK:
CHECK EFFECTIVE DATE.  DATE MUST BE ON OR BEFORE (I.E., < OR =) THE
INTERVIEW DATE.  IF EFFECTIVE DATE IS ON OR BEFORE JANUARY 1, {YEAR},WHERE
'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, FLAG RU MEMBER AS 'WITH
HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}'.
Soft CHECK:
SOFT RANGE CHECK:  MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF
PERSON.
```

HX28

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
CARD.CARDID	CARD ID KEY: EPRSID + COUNTER(2)	22
CARD.CARDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CARD.CREATEQ	CREATION STAMP	2
CARD.CARDINF1	INFORMATION FROM CARD - VERBATIM 1	45
CARD.CARDINF2	INFORMATION FROM THE CARD - VERBATIM 2	45
CARD.CARDINF3	INFORMATION FROM THE CARD - VERBATIM 3	45
CARD.CARDINF4	INFORMATION FROM THE CARD - VERBATIM 4	45

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE INFORMATION FROM {THE OTHER} CARD:

Information From _____
Card:

```
DISPLAY INSTRUCTIONS:
DISPLAY THE 'OTHER' IF HX26 IS CODED '1' (MEDICARE CARD) OR
'2' (RAILROAD RETIREMENT BOARD CARD).
```

```
ROUTING INSTRUCTION:
IF HX26 IS CODED '3' (SOME OTHER CARD) ONLY, CONTINUE WITH HX29

IF HX26 IS CODED '1' (MEDICARE CARD) OR '2' (RAILROAD
RETIREMENT BOARD CARD) (IN ADDITION TO '3' (SOME OTHER CARD)),
GO TO H30A
```

HX29

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.MCAREBMM	DATE MEDICARE COVERAGE STARTED - MONTH	2
EPCP.MCAREBYY	DATE MEDICARE COVERAGE STARTED - YEAR	4

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON)'s Medicare coverage start?

_____/_____/_____
MM YYYY   {HX30}

Refused   RF   {HX29OV}
Don't Know   DK   {HX29OV}

```
PROGRAMMER NOTES:
IF EFFECTIVE DATE IS NOT '-7' (REFUSED) OR '-8' (DON'T KNOW)
IN THE MONTH AND /OR YEAR FIELDS) AND IS A VALID DATE (I.E.,
ON OR BEFORE JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST
CALENDAR YEAR OF THE PANEL, FLAG RU MEMBER AS 'WITH HEALTH
INSURANCE COVERAGE ON JAN 1, {YEAR}'.
```

```
ROUTING INSTRUCTION:
IF CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW), CONTINUE WITH
HX29OV

OTHERWISE (I.E., A DATE IS ENTERED), GO TO HX30
```

```
Hard CHECK:
DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW DATE OR 12/31/{YEAR},
WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, IF ROUND 5.  'RF'
(REFUSED) AND 'DK' (DON'T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS.

MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF PERSON.
Soft CHECK:
```

HX29OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.MCAREJAN	MEDICARE COVERAGE ON 1/1/96	2

Did (PERSON) have Medicare coverage on January 1, {YEAR}?

YES	1	{HX30}
NO	2	{HX30}
--		
Refused	RF	{HX30}
Don't Know	DK	{HX30}

```
PROGRAMMER NOTES:
IF HX29OV CODED '1' (YES), FLAG PERSON AS 'WITH HEALTH
INSURANCE COVERAGE ON JAN 1, {YEAR}', WHERE 'YEAR' IS THE
FIRST CALENDAR YEAR OF THE PANEL.
```

HX30

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.CARDCONF	DOES MEDICARE CARD LOOK LIKE SHOW CARD	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES	1	{HX30A}
NO	2	{HX30A}
Refused	RF	{HX30A}
Don't Know	DK	{HX30A}

HX30A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PRND.PREG1231	WAS (PERSON) PREGNANT ON DEC 31ST	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{At any time since (Start Date)/Between (Start Date) and (End Date)}, (have/has)(were/was) (PERSON) {been} covered by the new Medicare prescribed drug coverage (also called Part D)?

YES	1	{BOX_28A}
NO	2	{BOX_28A}
Refused	RF	{BOX_28A}
Don't Know	DK	{BOX_28A}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'At any time since (START DATE)' AND '(have/has)' IF
NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' AND '(were/was)'
IF ROUND 5.

DISPLAY 'been' IF NOT ROUND 5.  OTHERWISE, USE A NULL DISPLAY.
```

BOX_28A

```
NOTE:  STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS INCLUDE THE
FOLLOWING:
ALASKA, ARKANSAS, DELAWARE, MAINE, MISSISSIPPI, MONTANA, VERMONT, WYOMING

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE
MANAGED CARE PLAN, CODE HX31 AND HX32 AS '2' (NO) AUTOMATICALLY BY CAPI
AND GO TO END_LP11.


OTHERWISE, CONTINUE WITH HX31
```

HX31

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCARELST	MEDICARE INSUR LISTED ON THIS CARD	2

{PERSON'S FIRST MIDDLE AND LAST NAME}{STR-DT}{END-DT}

SHOW CARD HX-5.

As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in managed care plans, such as HMOs (Health Maintenance Organizations) or PPOs (Preferred Provider Organizations) to receive their Medicare-funded health care. These plans have names like those listed on this card.

Is the name of (PERSON)'s insurance through Medicare {, between (START DATE) and (END DATE),} listed on this card?

YES	1	{HX31OV}
NO	2	{HX32}
Refused	RF	{HX32}
Don't Know	DK	{HX32}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

```
DISPLAY INSTRUCTIONS:
DISPLAY ', between (START DATE) and (END DATE),' IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.
```

HX31OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCARELET	PLAN LETTER OF MEDICARE INSURANCE	4

Which insurance plan is (PERSON)'s Medicare managed care plan?

LETTER OF PLAN FROM SHOW CARD:

_____

```
DISPLAY INSTRUCTIONS:
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING
MESSAGE:  'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME
SELECTED}.'  WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE
MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE ACTUAL PLAN NAME
THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.
```

```
PROGRAMMER NOTES:
FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S MEDICARE INSURER'
FOR THIS ESTABLISHMENT-PERSON-PAIR.
```

```
ROUTING INSTRUCTION:
IF ROUND 1, GO TO HX34

OTHERWISE, GO TO END_LP11
```

HX32

☑ Help Enabled (HMO)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCAREHMO	MEDICARE: PERSON SIGNED WITH HMO	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Even though (PERSON)'s Medicare plan was not listed on the card, {(is/are) (PERSON) currently/between (START DATE) and (END DATE), (were/was) (PERSON)} enrolled in a Medicare managed care plan such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

YES	1	{HX33}
NO	2	{END_LP11}

Refused	RF	{END_LP11}
Don't Know	DK	{END_LP11}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

```
DISPLAY INSTRUCTIONS:
DISPLAY '(is/are) (PERSON) currently' IF NOT ROUND 5.  DISPLAY
'between (START DATE) and (END DATE), (were/was) (PERSON)' IF
ROUND 5.
```

HX33

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCARENAM	NAME OF MEDICARE HMO	25

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

What is the name of the (PERSON)'s Medicare managed care plan?

PLAN NAME:_____

Refused   RF

Don't Know   DK

```
PROGRAMMER NOTES:
FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S MEDICARE INSURER'
FOR THIS ESTABLISHMENT-PERSON-PAIR.
```
```
ROUTING INSTRUCTION:
IF ROUND 1, CONTINUE WITH HX34

OTHERWISE, GO TO END_LP11
```

HX34

☑ Help Enabled (PREMPAY)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PREMPAY	DOES PERSON PAY A PREMIUM	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}

Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything directly to (PLAN NAME) for this coverage?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES	1	{HX35}
NO	2	{END_LP11}
--		
Refused	RF	{END_LP11}
Don't Know	DK	{END_LP11}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
DISPLAY INSTRUCTIONS:
DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN LETTER WAS
ENTERED AT HX31OV.  DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE.
DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR 'NAME OF PLAN
FROM HX33' IF A PLAN NAME WAS ENTERED.
```

HX35

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRAMT	HOW MUCH PAID FOR COVERAGE-AMT	12

{PERSON'S FIRST MIDDLE AND LAST NAME}

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}

How much (do/does) (PERSON) pay for the (PLAN NAME) coverage?

AMOUNT: $ _____   {HX35OV1}

Refused   RF   {END_LP11}

Don't Know   DK   {END_LP11}

```
DISPLAY INSTRUCTIONS:
DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN LETTER WAS
ENTERED AT HX31OV.  DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE.
DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR 'NAME OF PLAN
FROM HX33' IF A PLAN NAME WAS ENTERED.
```

HX35OV1

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRUNIT	HOW MUCH PAID FORCOVERAGE-UNIT	2

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{END_LP11}
QUARTERLY/EVERY 3 MONTHS	2	{END_LP11}
BIMONTHLY/EVERY 2 MONTHS	3	{END_LP11}
PER MONTH	4	{END_LP11}
PER WEEK	5	{END_LP11}
BIWEEKLY/EVERY 2 WEEKS	6	{END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{END_LP11}
OTHER	91	{HX35OV2}
Refused	RF	{END_LP11}
Don't Know	DK	{END_LP11}

HX35OV2

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRUNOS	HOW MUCH PAID: COV UNIT OTH SPEC	25

OTHER SPECIFY:_____ {END_LP11}

Refused   RF   {END_LP11}

Don't Know   DK   {END_LP11}

END_LP11

```
CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_11 AND CONTINUE WITH
BOX_29
```

BOX_29

```
IF ANY RU MEMBER HAS MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN AS A SOURCE
OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_30

OTHERWISE, GO TO BOX_32
```

BOX_30

```
IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP OR GOVT-
HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS
COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND
OR
IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP OR GOVT-
HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS
COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, GO TO
BOX_31AA

OTHERWISE, GO TO BOX_32

NOTE:  SINCE AN RU CANNOT HAVE BOTH MEDICAID/SCHIP AND GOVT-
HOSPITAL/PHYSICIAN, HX41-HX47OV WILL BE ASKED ONLY ONCE; EITHER FOR A
'YES' TO HX10 (MEDICAID/SCHIP) OR A 'YES' TO HX14 (GOVT-
HOSPITAL/PHYSICIAN).
```

BOX_31AA

```
NOTE:  STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS INCLUDE THE
FOLLOWING:
ALASKA, MISSISSIPPI,NEW HAMPSHIRE, WYOMING

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID
MANAGED CARE PLAN, CODE HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42

OTHERWISE, CONTINUE WITH HX41
```

HX41

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PROGLIST	NAME OF HI FROM MEDICAID/GOVT IS LISTED	2

{STR-DT} {END-DT}

{Some people on {Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.}

SHOW CARD HX-6.

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} {, between (START DATE) and (END DATE),} listed on this card?

YES	1	{HX41OV}
NO	2	{HX42}
Refused	RF	{HX42}
Don't Know	DK	{HX42}

74

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Some people on...on this card.' IF ASKING ABOUT
MEDICAID/SCHIP.  OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP
NAME}}' IF ASKING ABOUT MEDICAID/SCHIP. DISPLAY 'the
program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM)
IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT
USE THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME
FOR PROGRAM).  FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX
ON HX06.
```

HX41OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PROGLETT	PLAN LETTER OF MEDICAID/GOVT INSURANCE	4

Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}}/that program)?

LETTER OF PLAN FROM SHOW CARD:

_____

```
DISPLAY INSTRUCTIONS:
DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP
NAME}}' IF ASKING ABOUT MEDICAID/SCHIP.  DISPLAY 'that
program' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY  'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM)
IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT
USE THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME
FOR PROGRAM).  FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX
ON HX06.

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING
MESSAGE:  'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME
SELECTED}.'  WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE
MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE ACTUAL PLAN NAME
THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.
```

```
PROGRAMMER NOTES:
FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR
MEDICAID/SCHIP OR GOVT HOSPITAL/PHYSICIAN'.
```

```
ROUTING INSTRUCTION:
IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX_32

OTHERWISE, GO TO HX45
```

HX42

☑ Help Enabled (HMO)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.HMOSIGND	MEDICAID/GOVT PROG REQUIRE SIGNING W/HMO	2

{STR-DT} {END-DT}

Under {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} {(are/is)(was/were)} (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

[First Name, [Middle Name], Last Name]
[First Name, [Middle Name], Last Name]
[First Name, [Middle Name], Last Name]

YES, ALL ARE	1	{HX44}
YES, SOME ARE	2	{HX44}
NO, NONE ARE	3	{HX43}
Refused	RF	{HX43}
Don't Know	DK	{HX43}

HELP AVAILABLE FOR DEFINITION OF HMO.

```
DISPLAY INSTRUCTIONS:
DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP
NAME}}' IF ASKING ABOUT MEDICAID/SCHIP. DISPLAY 'the
program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY '(are/is)' IF NOT ROUND 5.  DISPLAY '(were/was)' IF
ROUND 5.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM)
IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT
USE THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME
FOR PROGRAM).  FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX
ON HX06.

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
OTHERWISE, USE NULL DISPLAY.
```

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
selection of RU-members.
```
```
Roster Behavior:
1. Select, add, delete, and edit disallowed.
```
```
Roster Filter:
1. Establishment is Medicaid/SCHIP or Govt-Hospital/Physician,
and
2. Person is an RU member flagged as covered by Medicaid/SCHIP
   or Govt-Hospital/Physician during the current round.
```

HX43

☑ Help Enabled (PROGDR)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PROGDR	MEDICAID/GOVT PROG REQUIRE SIGNING W/DR	2

{STR-DT} {END-DT}

{Does/Between (START DATE) and (END DATE), did} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require **(READ NAME(S) BELOW)** to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

{[First Name, [Middle Name], Last Name]}
{[First Name, [Middle Name], Last Name]}
{[First Name, [Middle Name], Last Name]}

YES, ALL REQUIRED	1	{HX44}
YES, SOME REQUIRED	2	{HX44}
NO, NONE REQUIRED	3	

Refused	RF
Don't Know	DK

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

```
┌──────────────────────────────────────────────────────────┐
│ DISPLAY INSTRUCTIONS:                                      │
│ DISPLAY 'Does' IF NOT ROUND 5.   DISPLAY 'Between (START DATE) │
│ and (END DATE), did' IF ROUND 5.                           │
│                                                            │
│ DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP │
│ NAME}' IF ASKING ABOUT MEDICAID/SCHIP.                     │
│                                                            │
│ DISPLAY 'the program....benefits' IF ASKING ABOUT GOVT-    │
│ HOSPITAL/PHYSICIAN.                                        │
│                                                            │
│ DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING    │
│ CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR │
│ MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) │
│ IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT │
│ USE THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY  │
│ STATE, SEE BOX ON HX06.                                    │
│                                                            │
│ DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING │
│ THE REAL STATE NAME FOR PROGRAM.  FOR THE SPECIFIC NAME TO USE │
│ BY STATE, SEE BOX ON HX06.                                 │
├──────────────────────────────────────────────────────────┤
│ PROGRAMMER NOTES:                                          │
│ IF CODED '3' (NO, NONE REQUIRED), 'RF' (REFUSED), OR 'DK'  │
│ (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT │
│ ROUND FOR MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN.       │
├──────────────────────────────────────────────────────────┤
│ ROUTING INSTRUCTION:                                       │
│ IF CODED '3' (NO, NONE REQUIRED), 'RF' (REFUSED), OR 'DK'  │
│ (DON'T KNOW) AND IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX_32 │
│                                                            │
│ IF CODED '3' (NO, NONE REQUIRED), 'RF' (REFUSED), OR 'DK'  │
│ (DON'T KNOW) AND ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, GO TO │
│ HX45                                                       │
│                                                            │
│ OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED) OR '2'  │
│ (YES, SOME REQUIRED)), CONTINUE WITH HX44                  │
└──────────────────────────────────────────────────────────┘
```

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

```
┌──────────────────────────────────────────────────────────┐
│ Roster Definition:                                         │
│ This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for │
│ selection of RU-members.                                   │
├──────────────────────────────────────────────────────────┤
│ Roster Behavior:                                           │
│ 1. Select, add, delete, and edit disallowed.               │
├──────────────────────────────────────────────────────────┤
│ Roster Filter:                                             │
```

```
 1. Establishment is Medicaid/SCHIP or Govt-Hospital/Physician,
 and
 2. Person is an RU member flagged as covered by Medicaid/SCHIP
    or Govt-Hospital/Physician during the current round.
```

HX44

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PROGNAME	PROGRAM HMO/INSURANCE NAME	25

{STR-DT}{END-DT}

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}} {HMO/health insurance} {from the program sponsored by a state or local government agency which provides hospital and physician benefits}?

PLAN NAME: _____

Refused   RF

Don't Know   DK

```
DISPLAY INSTRUCTIONS:
DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP
NAME}}' IF ASKING ABOUT MEDICAID/SCHIP.  IF ASKING ABOUT GOVT-
HOSPITAL/PHYSICIAN, USE A NULL DISPLAY.

DISPLAY 'from the....benefits' IF ASKING ABOUT GOVT
HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID/SCHIP, USE A NULL
DISPLAY.

DISPLAY 'HMO' IF HX42 IS CODED '1' (YES, ALL ARE) OR '2' (YES,
SOME ARE).

DISPLAY 'health insurance' IF HX43 IS CODED '1' (YES, ALL
REQUIRED) OR '2' (YES, SOME REQUIRED).

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING
CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY 'STATE NAME FOR
MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM)
IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT
USE THE NAME 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING
THE REAL STATE NAME FOR PROGRAM.  FOR THE SPECIFIC NAME TO USE
BY STATE, SEE BOX ON HX06.
```

PROGRAMMER NOTES:
FLAG INSURER CODED ABOVE AS CURRENT ROUND'S INSURER FOR
MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN.

ROUTING INSTRUCTION:
IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX_32

OTHERWISE, CONTINUE WITH HX45

HX45

☑ Help Enabled (PREMPAY)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PREMPAY	DOES SOMEONE PAY PREM FOR GOVT SPONS PRG	2

{STR-DT} {END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{NAME OF PLAN FROM HX44}}}

Does anyone in the family pay anything for the coverage through {(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES	1	{HX46}
NO	2	{HX47}
---	---	---
Refused	RF	{BOX_32}
Don't Know	DK	{BOX_32}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER
ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE.
OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS
ENTERED AT HX41OV.  DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN
FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER
ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE.
OTHERWISE, DISPLAY, 'the  program sponsored ...'.
```

HX46

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.COVRAMT	MEDICAID/GOVT: AMOUNT FAMILY PAID	12

{STR-DT} {END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{NAME OF PLAN FROM HX44}}}

How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

Amount: $ _____   {HX46OV1}

Refused   RF   {HX47}

Don't Know   DK   {HX47}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER
ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE.
OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS
ENTERED AT HX41OV.  DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN
FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER
ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE.
OTHERWISE, DISPLAY, 'that'.
```

HX46OV1

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.COVRUNIT	MEDICAID/GOVT: UNIT OF PAYMENT	2

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{HX47}
QUARTERLY/EVERY 3 MONTHS	2	{HX47}
BIMONTHLY/EVERY 2 MONTHS	3	{HX47}
PER MONTH	4	{HX47}
PER WEEK	5	{HX47}
BIWEEKLY/EVERY 2 WEEKS	6	{HX47}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{HX47}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{HX47}
OTHER	91	{HX46OV2}

Refused	RF	{HX47}
Don't Know	DK	{HX47}

HX46OV2

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.COVRUNOS	MEDICAID/GOVT: UNIT OF PAYMENT OTH SPEC	25

OTHER SPECIFY: _____ {HX47}

Refused	RF	{HX47}
Don't Know	DK	{HX47}

HX47

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.HX47BLSWVS		
HOME.BYFED	FEDERAL GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYSTATE	STATE GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYLOCAL	LOCAL GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYSOMGOV	SOME GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYOTHER	OTHER PAID MEDICAID/GOVT PREMIUM	2

{STR-DT}{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{NAME OF PLAN FROM HX44}}}

Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT   1

STATE GOVERNMENT   2

LOCAL GOVERNMENT   3

SOME GOVERNMENT   4

OTHER   91   {HX47OV}

Refused   RF   {BOX_32}

Don't Know   DK   {BOX_32}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER
ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE.
OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS
ENTERED AT HX41OV.  DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN
FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY 'else' IF HX45 IS CODED '1' (YES). OTHERWISE, USE A
NULL DISPLAY.

DISPLAY 'some of' IF HX45 IS CODED '1' (YES).
DISPLAY 'for' IF HX45 IS CODED '2' (NO).
```

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ PROGRAMMER NOTES:                                              │
│ FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR  │
│ 'DK' IN COMBINATION WITH ANY OTHER CODE.                       │
├ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┤
│ ROUTING INSTRUCTION:                                           │
│ IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER  │
│ CODE, CONTINUE WITH HX47OV                                     │
│                                                                │
│ OTHERWISE, GO TO BOX_32                                        │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

HX47OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.BYOTHOS	OTH SPEC OF WHO PAID SOME/ALL MEDICAID/G	25

OTHER SPECIFY:_____   {BOX_32}

Refused   RF   {BOX_32}
Don't Know   DK   {BOX_32}

BOX_32

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE INSURANCE (THAT WAS │
│ CREATED DURING THE CURRENT ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH │
│ LOOP_12                                                        │
│                                                                │
│ OTHERWISE, GO TO BOX_45                                        │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

LOOP_12

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX48-
END_LP12

LOOP DEFINITION:  LOOP_12 COLLECTS PRIVATE HEALTH INSURANCE INFORMATION.
THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING
CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE TO A CURRENT
  RU MEMBER
AND
- THE INSURANCE COVERAGE PROVIDED BY THE ESTABLISHMENT IS CREATED DURING
  THE CURRENT ROUND
```

HX48

☑ Help Enabled (TYPEINS)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.HX48BLSWVS		
EPRS.HOSPINS	TYPE OF HI GOTTEN: HOSPITAL/HMO	2
EPRS.DENTLINS	TYPE OF HI GOTTEN: DENTAL	2
EPRS.PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG	2
EPRS.VISIONIN	TYPE OF HI GOTTEN: VISION	2
EPRS.MSUPINS	TYPE OF HI GOTTEN: MEDIGAP	2
EPRS.LTCINS	TYPE OF HI GOTTEN: LTC-NURSING HOME	2
EPRS.CASHINS	TYPE OF HI GOTTEN: EXTRA CASH	2
EPRS.DREADINS	TYPE OF HI GOTTEN: DREAD DISEASE	2
EPRS.DISABINS	TYPE OF HI GOTTEN: DISABILITY	2
EPRS.WCOMPINS	TYPE OF HI GOTTEN: WORKER'S COMP	2
EPRS.ACCDINS	TYPE OF HI GOTTEN: ACCIDENT	2
EPRS.OTHINS	TYPE OF HI GOTTEN: OTHER	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

- -

SHOW CARD HX-7.

Now I'd like to ask a few questions about (POLICYHOLDER)'s health insurance through (ESTABLISHMENT). What type of health insurance {(do/does)/did} (POLICYHOLDER) get through (ESTABLISHMENT) {on (END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO	1
DENTAL	2
PRESCRIPTION DRUGS	3
VISION	4
MEDICARE SUPPLEMENT/MEDIGAP	5
LONG TERM CARE IN A NURSING HOME	6
EXTRA CASH FOR HOSPITAL STAYS	7
SERIOUS DISEASE OR DREAD DISEASE	8
DISABILITY	9
WORKER'S COMPENSATION	10

ACCIDENT	11	
OTHER	91	{HX48OV}

Refused	RF	{BOX_33}
Don't Know	DK	{BOX_33}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
DISPLAY INSTRUCTIONS:
DISPLAY '(do/does)' IF INSURANCE BEING ASKED ABOUT IS CURRENT
(I.E., HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE
POLICYHOLDER, AND THE CURRENT ROUND IS NOT ROUND 5.
OTHERWISE, DISPLAY 'did'.

DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE, USE A NULL
DISPLAY.
```

```
PROGRAMMER NOTES:
NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
'DK' IN COMBINATION WITH ANY OTHER CODE.
```

```
ROUTING INSTRUCTION:
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER
CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33
```

HX48OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.OTHINSOS	TYPE OF HI GOTTEN: OTH SPECIFY	25

OTHER SPECIFY: _____   {BOX_33}

Refused   RF   {BOX_33}
Don't Know   DK   {BOX_33}

BOX_33

```
IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO AND HX48 IS CODED '5'
(MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE
WITH HX49

IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND HX48 IS CODED '5'
(MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES,
AUTOMATICALLY CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND THEN GO TO
LOOP_13

OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)),
GO TO BOX_35
```

HX49

☑ Help Enabled (INSHMO)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.EPINID	EPIN ID KEY: EPRSID + COUNTER(2)	22
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2
EPIN.INSNAME	HX41/43/46 NAME OF INSURANCE CO OR HMO	25
EPIN.INSTYPE	HX41/43/46 TYPE OF INSURER	2
EPIN.MSUPFLG	FLAG-PROVIDE MEDICARE SUPPLEMENT/MEDIGAP	2
EPIN.MAJORMED	FLAG EPIN AS PROVIDING MAJOR MEDICAL COV	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the **Medicare Supplement or Medigap** benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company or HMO from which (POLICYHOLDER) receives the **Medicare Supplement or Medigap** benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER:_____

- -

TYPE:

INSURANCE COMPANY	1	{LOOP_13}
HMO	2	{LOOP_13}
SELF-INSURED COMPANY	3	{LOOP_13}

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
PROGRAMMER NOTES:
FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE
SUPPLEMENT/MEDIGAP BENEFITS'.  ALSO FLAG AS CURRENT ROUND'S
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.
```

LOOP_13

```
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK
HX50-END_LP13

LOOP DEFINITION:  LOOP_13 COLLECTS OTHER POLICY NAMES FOR THE HEALTH
INSURANCE COMPANIES OR HMOs PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS
(THAT IS, INSURERS ENUMERATED AT HX49).
THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES MEDICARE
  SUPPLEMENT/MEDIGAP BENEFITS
AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS
  ESTABLISHMENT
AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH
  THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED
  COMPANY)
```

HX50

☑ Help Enabled (OPTION)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.OTHNAME	HX42/44/47 ANOTHER NAME FOR POLICY	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as Option A, $100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME	1	{HX50OV}
NO OTHER NAMES	2	{END_LP13}

Refused	RF	{END_LP13}
Don't Know	DK	{END_LP13}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

```
DISPLAY INSTRUCTIONS:
DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN HX49_01
WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'
```

97

HX50OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.OTHNAMOS	HX42/44/47 OTH NAME FOR INSURANCE POLICY	25

OTHER NAME: _____   {END_LP13}

Refused   RF   {END_LP13}
Don't Know   DK   {END_LP13}

END_LP13

```
CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER
THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_13 AND CONTINUE
WITH BOX_35
```

BOX_35

```
IF ESTABLISHMENT TYPE IS INSURANCE COMPANY, INSURANCE COMPANY - FROM
AGENT, OR HMO, AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO) (BUT NOT '5' (MEDIGAP)), FLAG INSURANCE
COMPANY/HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS' AND
AUTOMATICALLY CODE HX51 WITH APPROPRIATE RESPONSES BY CAPI AND GO TO
LOOP_14.

IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY, INSURANCE COMPANY - FROM
AGENT, OR HMO, AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO) AND NOT ALSO CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP), CONTINUE WITH HX51

IF ROUND 1 AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO) AND '5' (MEDICARE SUPPLEMENT/MEDIGAP)
(IN COMBINATION WITH ANY OTHER CODES), GO TO BOX_38

IF ROUND 2, 3, 4 OR 5 AND HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT IS CODED '2' (DENTAL),
'3' (PRESCRIPTION DRUGS), '4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP),
'6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA CASH FOR HOSPITAL
STAYS), '8' (SERIOUS DISEASE OR DREAD DISEASE), OR '91' (OTHER), GO TO
BOX_38

IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9' (DISABILITY), '10'
(WORKER'S COMPENSATION) OR '11' (ACCIDENT), GO TO END_LP12

IF ROUND 1 AND HX48 IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW), GO TO
BOX_39

IF ROUND 2, 3, 4, OR 5 AND HX48 IS CODED 'RF' (REFUSED) OR DK (DON'T
KNOW), GO TO BOX_38
```

HX51

☑ Help Enabled (INSHMO)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.EPINID	EPIN ID KEY: EPRSID + COUNTER(2)	22
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2
EPIN.INSNAME	HX41/43/46 NAME OF INSURANCE CO OR HMO	25
EPIN.INSTYPE	HX41/43/46 TYPE OF INSURER	2
EPIN.MAJORMED	FLAG EPIN AS PROVIDING MAJOR MEDICAL COV	2
EPIN.MSUPFLG	FLAG-PROVIDE MEDICARE SUPPLEMENT/MEDIGAP	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

What is the name of the insurance company or HMO from which
(POLICYHOLDER) receives **hospital and physician benefits**?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which (POLICYHOLDER) receives **hospital and physician
benefits**?

**IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO,
SELECT 'HMO'.**

NAME OF INSURER:_____

TYPE:

INSURANCE COMPANY	1	{LOOP_14}
HMO	2	{LOOP_14}
SELF-INSURED COMPANY	3	{LOOP_14}

**HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-
INSURED CO.**

```
PROGRAMMER NOTES:
FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL ANDPHYSICIAN
BENEFITS'.  ALSO FLAG AS CURRENT ROUND'S INSURER(S) FOR THIS
ESTABLISHMENT-PERSON-PAIR.
```

LOOP_14

```
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK
HX52-END_LP14

LOOP DEFINITION:  LOOP_14 COLLECTS OTHER POLICY NAMES FOR THE HEALTH
INSURANCE COMPANIES OR HMOS PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT
MEDICARE SUPPLEMENT OR MEDIGAP.  THIS LOOP CYCLES ON TRIPLES THAT MEET THE
FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES
  HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR
  MEDIGAP
AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS
  ESTABLISHMENT
AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE
  ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO OR SELF-INSURED
  COMPANY)
```

HX52

☑ Help Enabled (OPTION)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.OTHNAME	HX42/44/47 ANOTHER NAME FOR POLICY	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as Option A, $100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME	1	{HX52OV}
NO OTHER NAMES	2	{END_LP14}
---	---	---
Refused	RF	{END_LP14}
Don't Know	DK	{END_LP14}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

```
DISPLAY INSTRUCTIONS:
DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN HX51_01
WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'
```

HX52OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.OTHNAMOS	HX42/44/47 OTH NAME FOR INSURANCE POLICY	25

OTHER NAME: _____ {END_LP14}

Refused   RF   {END_LP14}

Don't Know   DK   {END_LP14}

END_LP14

```
CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER
THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_14 AND CONTINUE
WITH BOX_38
```

BOX_39

```
IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT IS FLAGGED AS THROUGH THE
FEDERAL GOVERNMENT (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR HP13 IS
CODED '1' (YES)), CONTINUE WITH HX59

OTHERWISE, GO TO BOX_40
```

HX59

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PLANLIST	NAME OF POLICYHOLDERS PLAN LISTED ON CRD	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)'s insurance plan through (ESTABLISHMENT) listed on this card?

YES	1	{HX59OV}
NO	2	{BOX_40}
Refused	RF	{BOX_40}
Don't Know	DK	{BOX_40}

HX59OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.INSRLETT	LETTER CODE OF PLAN FROM SHOW CARD	4

Which insurance plan is (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

LETTER OF PLAN FROM SHOW CARD:

_____   {BOX_40}

```
DISPLAY INSTRUCTIONS:
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING
MESSAGE:  'PLEASE VERIFY PLAN ENTERED.'  WHEN INTERVIEWER
CLEARS THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.
```

BOX_40

```
IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE INSURER THAT PROVIDES
HOSPITAL AND PHYSICIAN BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/
MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT LISTED AS A COVERED PERSON
WITH MEDICAID OR GOVT-HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, CONTINUE
WITH LOOP_17

OTHERWISE, GO TO BOX_42
```

LOOP_17

```
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK
BOX_41 - END_LP17

LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON PLANS THAT PROVIDE
HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO
EACH POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
TO DETERMINE IF THAT PLAN IS AN HMO/MANAGED CARE PLAN.  THIS LOOP CYCLES
ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE
  SUPPLEMENT/MEDIGAP COVERAGE
AND
- PERSON IS NOT LISTED AS A COVERED PERSON WITH MEDICAID OR
  GOVT-HOSPITAL/PHYSICIAN
AND
- INSURER IS THE SOURCE OF THE HOSPITAL AND PHYSICIAN BENEFITS PROVIDED
  TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY OR
  SELF-INSURED COMPANY)
```

BOX_40A

```
IF INSURER IS AN HMO (EPIN.INSTYPE = 2), CONTINUE WITH HX60A

OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO TO BOX_41
```

HX60A

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of visits to doctors who are **not** part of (POLICYHOLDER)'s HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES	1	{END_LP17}
NO	2	{END_LP17}
Refused	RF	{END_LP17}
Don't Know	DK	{END_LP17}

BOX 41

```
PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF THE MC SECTION, CONTINUE WITH END_LP17
```

END_LP17

```
CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER
THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_17 AND CONTINUE
WITH BOX_42
```

BOX_42

```
IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60

OTHERWISE, GO TO BOX_43
```

HX60

☑ Help Enabled (HX60Help)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PLANLETT	MEDICARE SUPP/MEDIGAP PLAN LETTER	4

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT} {END-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many Medicare Supplemental or Medigap Plans are referred to by a Plan
Letter. Do you know the Plan Letter for (PERSON)'s plan?

PROBE: What is it?

PLAN LETTER:_____   {BOX_43}

Refused   RF   {BOX_43}
Don't Know   DK   {BOX_43}

HELP AVAILABLE FOR DEFINITION OF PLAN LETTER.

BOX_43

```
IF ROUND 1 OR ROUND 3, CONTINUE WITH HX61

OTHERWISE (I.E., IF ROUND 2, 4, OR 5), GO TO END_LP12
```

HX61

☑ Help Enabled (PREMPAY)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.PREMLEVL	HOW MUCH OF PREMIUM PAID BY FAM	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST	1	{HX62}
YES, PAY SOME OF PREMIUM/COST	2	{HX62}
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST	3	{HX62}
NO, DO NOT PAY	4	{HX63}

Refused	RF	{END_LP12}
Don't Know	DK	{END_LP12}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
PROGRAMMER NOTES:
THE ESTABLISHMENT NAME WHICH SHOULD BE DISPLAYED HERE FOR THE
INSURANCE FROM A SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM
DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF THE SOURCE,
NOT THE NAME OF THE EMPLOYER OR DIRECTLY PURCHASED CATEGORY.
```

HX62

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRAMT	HOW MUCH PAID FOR COVERAGE-AMT	12

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}
{STR-DT}{END-DT}

How much {(do/does)/did} (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

AMOUNT: $_____ {HX62OV1}

Refused   RF   {BOX_44A}

Don't Know   DK   {BOX_44A}

```
DISPLAY INSTRUCTIONS:
DISPLAY '(do/does)' IF INSURANCE BEING ASKED ABOUT IS CURRENT
(I.E., HQ02 IS CODED '1' (YES, COVERED NOW)) FOR THE
POLICYHOLDER.

OTHERWISE, DISPLAY 'did'.
```

```
PROGRAMMER NOTES:
THE ESTABLISHMENT NAME WHICH SHOULD BE DISPLAYED HERE FOR THE
INSURANCE FROM A SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM
DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF THE SOURCE,
NOT THE NAME OF THE EMPLOYER OR DIRECTLY PURCHASED CATEGORY.
```

HX62OV1

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRUNIT	HOW MUCH PAID FORCOVERAGE-UNIT	2

{Is/Was} that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{BOX_44A}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_44A}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_44A}
PER MONTH	4	{BOX_44A}
PER WEEK	5	{BOX_44A}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{BOX_44A}
OTHER	91	{HX62OV2}

Refused	RF	{BOX_44A}
Don't Know	DK	{BOX_44A}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Is' IF INSURANCE BEING ASKED ABOUT IS CURRENT (I.E.,
HQ02 IS CODED '1' (YES, COVERED NOW)) FOR THE POLICYHOLDER.

OTHERWISE, DISPLAY 'Was'.
```

Health Insurance (HX) Section
Beta

HX62OV2

☐ Help Enabled   ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVRUNOS	HOW MUCH PAID: COV UNIT OTH SPEC	25

OTHER SPECIFY:_____ {BOX_44A}

Refused	RF	{BOX_44A}
Don't Know	DK	{BOX_44A}

BOX_44A

```
IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO END_LP12

OTHERWISE, CONTINUE WITH HX63
```

HX63

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.HX63BLSWVS		
EPRS.BYFED	FEDERAL GOVT PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYSTATE	STATE GOVT PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYLOCAL	LOCAL GOVT PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYSOMGOV	SOME GOVT PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYEMPL	EMPLOYER PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYUNION	UNION PAID FOR PRIV PLAN PREMIUM	2
EPRS.BYOTHER	OTHER PAID FOR PRIV PLAN PREMIUM	2
HOME.PLANFLAG	RU PLAN FLAG-HOSP/PHYS INSR + HMO STATUS	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

- -

Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT	1	
STATE GOVERNMENT	2	
LOCAL GOVERNMENT	3	
SOME GOVERNMENT	4	
EMPLOYER	5	
UNION	6	
OTHER	91	{HX63OV}

Refused	RF	{END_LP12}
Don't Know	DK	{END_LP12}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME OF
PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF  PAY ALL OR SOME
OF PREMIUM/COST).  OTHERWISE, USE A NULL DISPLAY

DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY SOME OF
PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST). DISPLAY 'for' IF HX61 IS CODED '4' (NO, DO
NOT PAY).
```

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  PROGRAMMER NOTES:
  FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
  'DK' IN COMBINATION WITH ANY OTHER CODE.
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  ROUTING INSTRUCTION:
  IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER
  CODE, CONTINUE WITH HX63OV

  OTHERWISE, GO TO END_LP12
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

HX63OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.BYOTHOS	OTHER SPECIFY OF WHO PAID PRIV PLAN PREM	25

OTHER SPECIFY: _____ {END_LP12}

Refused   RF   {END_LP12}
Don't Know   DK   {END_LP12}

END_LP12

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  CYCLE ON NEXT PAIR IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE
  CONDITIONS STATED IN THE LOOP DEFINITION.

  IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH
  BOX_45
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

BOX_45

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
  IF ROUND 1, CONTINUE WITH BOX_46

  OTHERWISE, GO TO BOX_50
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

BOX_46

```
IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING
MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, TRICARE/CHAMPVA, OTHER PUBLIC
OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1,{YEAR}, WHERE 'YEAR' IS THE
FIRST CALENDAR YEAR OF THE PANEL, GO TO BOX_48

OTHERWISE (AT LEAST ONE RU MEMBER BORN BEFORE 12/31/{YEAR} WHERE 'YEAR'
PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, IS WITHOUT HEALTH INSURANCE
ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE
PANEL), CONTINUE WITH LOOP_18
```

LOOP_18

```
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX64-END_LP18

LOOP DEFINITION:  LOOP_18 COLLECTS INFORMATION ABOUT RU MEMBERS WITH NO
HEALTH INSURANCE ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR
YEAR OF THE PANEL.  THIS LOOP CYCLES ON RU MEMBERS WHO ARE NOT A COVERED
PERSON IN ANY ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE THAT MEETS
THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE, MEDICAID/SCHIP, GOVT-HOSPITAL/PHYSICIAN,
  OTHER PUBLIC, TRICARE/CHAMPVA, OR PRIVATE INSURANCE
AND
- PERSON IS A CURRENT RU MEMBER (PART OF THE RU ON 1/1/{YEAR}, WHERE
'YEAR' IS THEYEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL WITH A
BIRTH DATE PRIOR TO DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE FIRST
CALENDAR YEAR OF THE PANEL (OR AGE CATEGORY > 1)
AND
- PERIOD OF COVERAGE INCLUDES JANUARY 1,{YEAR}, WHERE 'YEAR' IS THE FIRST
CALENDAR YEAR OF THE PANEL.
```

HX64

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.PREVCOVR	WAS PERSON COVERED BY INS IN 1993 OR 94	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

I have recorded that (PERSON) (were/was) without insurance on January 1, {YEAR}. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years {YEAR} or {YEAR}?

YES	1	{HX65}
NO	2	{END_LP18}

Refused	RF	{END_LP18}
Don't Know	DK	{END_LP18}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) IN THE QUESTION TEXT, "… ON JANUARY 1,
{YEAR}," 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.  IN
THE QUESTION TEXT, "… at any times in the years {YEAR} or
{YEAR}?. " CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST
CALENDAR YEAR OF THE PANEL.  (FOR PANEL 12 FOR EXAMPLE, THIS
WOULD BE '2005 OR 2006?')
```

HX65

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.COVRMM	MONTH MOST RECENTLY COVERED BY INS	2
PERS.COVRYY	YEAR MOST RECENTLY COVERED BY INS	4

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

When (were/was) (PERSON) most recently covered by health insurance?
That is, in what month and year did that health insurance end **for the last time** in 2005 or 2006?

_____/_____/_____

MM DD YYYY   {HX66}

Refused   RF   {HX66}

Don't Know   DK   {HX66}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST
CALENDAR YEAR OF THE PANEL FOR "'YEAR' OR 'YEAR'?".  (FOR
PANEL 12 FOR EXAMPLE, THIS WOULD BE '2005 OR 2006?')
```

```
PROGRAMMER NOTES:
'RF' (REFUSED) AND 'DK' (DON'T KNOW) ARE ALLOWED ON THE MONTH
AND YEAR FIELDS.
```

HX66

☑ Help Enabled (PREVINSTYPE)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.HX66BLSWVS		
PERS.WASESTB	WAS PREV INS BY UNION OR EMPLOYER	2
PERS.WASMCARE	WAS PREV INS BY MEDICARE	2
PERS.WASMCAID	WAS PREV INS BY MEDICAID	2
PERS.WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA	2
PERS.WASVA	WAS PREV INS BY VA/MILITARY CARE	2
PERS.WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO	2
PERS.WASOTGOV	INSURANCE THAT ENDED WAS OTHER GOVT PROG	2
PERS.WASAFDC	WAS PREV INS BY PUBLIC AFDC	2
PERS.WASSSI	WAS PREV INS BY SSI PROGRAM	2
PERS.WASSTAT1	WAS PREV INS BY STATE PROGRAM 1	2
PERS.WASSTAT2	WAS PREV INS BY STATE PROGRAM 2	2
PERS.WASSTAT3	WAS PREV INS BY STATE PROGRAM 3	2
PERS.WASSTAT4	WAS PREV INS BY STATE PROGRAM 4	2
PERS.WASSTAT5	WAS PREV INS BY STATE PROGRAM 5	2
PERS.WASSTAT6	WAS PREV INS BY STATE PROGRAM 6	2
PERS.WASOTHER	WAS PREV INS BY SOME OTHER SOURCE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Was (PERSON)'s health insurance that ended in {MONTH AND YEAR FROM HX65/ {YEAR} or {YEAR} obtained through an employer or a union, was it a government program such as Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.)   1

MEDICARE   2

MEDICAID   3

TRICARE/CHAMPVA   4

VA OR MILITARY HEALTH CARE   5

PURCHASED DIRECTLY FROM GROUP, ASSOC., OR INS. AGENT, INS. CO. OR HMO   6

OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM   7

OTHER PUBLIC PROGRAM:

TANF/AFDC	8	
SSI	9	
{STATE PROGRAM 1}	10	
{STATE PROGRAM 2}	11	
{STATE PROGRAM 3}	12	
{STATE PROGRAM 4}	13	
OTHER	91	{HX66OV}

Refused	RF	{END_LP18}
Don't Know	DK	{END_LP18}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
DISPLAY INSTRUCTIONS:
IF HX65 IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
DISPLAY THE DATE ENTERED AT HX65 FOR 'MONTH AND YEAR FROM
HX65'.  DISPLAY 'in {YEAR} or {YEAR}' IF HX65 IS CODED 'RF'
(REFUSED) OR 'DK' (DON'T KNOW), WHERE "'YEAR' OR 'YEAR'
" DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF
THE PANEL.  FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE '2005' OR
'2006'.

FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN.
FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.
```

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
'DK' IN COMBINATION WITH ANY OTHER CODE.
```

```
ROUTING INSTRUCTION:
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER
CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO END_LP18
```

HX66OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.WASOTHOS	PREVIOUS INSURANCE SOURCE SPECIFIED	25

OTHER SPECIFY: _____   {END_LP18}

Refused   RF   {END_LP18}

Don't Know   DK   {END_LP18}

END_LP18

```
CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_18 AND CONTINUE
WITH BOX_48
```

BOX_48

```
IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, {YEAR), WHERE
'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, HAVE ANY
TYPE OF COMPREHENSIVE PUBLIC INSURANCE (I.E., MEDICARE, MEDICAID/SCHIP,
GOVT-HOSPITAL/PHYSICIAN, OR TRICARE/CHAMPVA)
AND
NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, {YEAR}, WHERE
'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, HAVE ANY
PRIVATE INSURANCE THAT INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR
MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/{YEAR}, WHERE 'YEAR' IS THE
YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, GO TO BOX_49

OTHERWISE, CONTINUE WITH LOOP_19
```

LOOP_19

```
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX70-END_LP19

LOOP DEFINITION:  LOOP_19 COLLECTS INFORMATION ON ALL RU MEMBERS WITH
PUBLIC AND PRIVATE HEALTH INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS
OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, {YEAR}, WHERE 'YEAR'
IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL TO DETERMINE
PERIODS OF COVERAGE IN {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST
CALENDAR YEAR OF THE PANEL.  THIS LOOP CYCLES ON PERSONS THAT MEET THE
FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER
AND
- PERSON WAS PART OF RU ON 1/1/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO
THE FIRST CALENDAR YEAR OF THE PANEL
AND
- PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR
PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL OR IN AGE CATEGORIES 2-9
AND
- PERSON HAD COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE
'YEAR' IS THE YEAR PRIOR TO THE
  FIRST CALENDAR YEAR OF THE PANEL. COMPREHENSIVE HEALTH INSURANCE REFERS
TO THE PERSON BEING A COVERED
  PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT- POLICYHOLDER-
COVERED PERSON-TRIPLES ON 1/1/{YEAR},
  WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL:
    - ESTABLISHMENT IS MEDICARE
    - ESTABLISHMENT IS MEDICAID
    - ESTABLISHMENT IS TRICARE
    - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
    - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN
      BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP
      (I.E., HX48 = 1 OR 5)
```

HX70

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.NOINSBEF	EVER W/OUT HEALTH INS IN 95(P1)/96(P2)?	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT} {END-DT}

I have recorded that (PERSON) had health insurance coverage on January 1, 2007. (Were/Was) (PERSON) **ever without** health insurance coverage at any time in 2006?

YES	1	{HX71}
NO	2	{END_LP19}
Refused	RF	{END_LP19}
Don't Know	DK	{END_LP19}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) FOR 'YEAR' IN "…on January1, {YEAR}," DISPLAY
THE FIRST CALENDAR YEAR OF THE PANEL. FOR 'YEAR' in "…  at any
time in {YEAR},  DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR
YEAR OF THE PANEL.
```

HX71

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.NOINSTM	# WKS/MNTHS W/OUT INS IN 95(P1)/96(P2)	2

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT} {END-DT}

Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year {YEAR}?

NUMBER: _____   {HX71OV}

Refused   RF   {END_LP19}

Don't Know   DK   {END_LP19}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) FOR 'YEAR' IN THE QUESTION TEXT, DISPLAYS THE
YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL.
```

HX71OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.NOINUNIT	UNIT FOR TIME W/OUT INS IN 95(P1)/96(P2)	2

ENTER UNIT:

WEEKS	1	{END_LP19}
MONTHS	2	{END_LP19}
--		
Refused	RF	{END_LP19}
Don't Know	DK	{END_LP19}

END_LP19

```
CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_19 AND CONTINUE
WITH BOX_49
```

BOX_49

```
IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, {YEAR}, WHERE
'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, HAVE
ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS
AND/OR
ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY
1,{YEAR},WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, GO TO
BOX_50

OTHERWISE, CONTINUE WITH LOOP_20
```

LOOP_20

```
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX76-END_LP20

LOOP DEFINITION:  LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE
DATE OF BIRTH IS PRIOR TO 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO
THE FIRST CALENDAR YEAY OF THE PANEL, (OR AGE CATEGORY > 1), AND WHO IS
COVERED BY PRIVATE INSURANCE THAT DOES NOT INCLUDE EITHER
HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON
JANUARY 1,{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR
YEAY OF THE PANEL. THIS LOOP DETERMINES IF THESE PERSONS WERE EVER COVERED
BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE
DURING {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAY
OF THE PANEL, OR {YEAR}, WHERE 'YEAR' IS THE TWO YEARS PRIOR TO THE FIRST
CALENDAR YEAY OF THE PANEL. THE LOOP CYCLES ON PERSONS THAT MEET THE
FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER
AND
- PERSON WAS PART OF RU ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR
YEAY OF THE PANEL
AND
- PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR
PRIOR TO THE FIRST CALENDAR YEAY OF THE PANEL, OR IN AGE CATEGORIES 2-9
AND
- PERSON DID NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON
  1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAY OF THE PANEL.
  COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED
  PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICY
  HOLDER-COVERED PERSON-TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE
  FIRST CALENDAR YEAY OF THE PANEL:
      - ESTABLISHMENT IS MEDICARE
      - ESTABLISHMENT IS MEDICAID
      - ESTABLISHMENT IS TRICARE
      - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
      - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN
        BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP
        (I.E., HX48 = 1 OR 5)
      AND
      - PERSON IS COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING
        ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/{YEAR},
        WHERE 'YEAR' IS THE FIRST CALENDAR YEAY OF THE PANEL,7
      - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC
      - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND PHYSICIAN
        BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP
        (I.E., HX48 IS NOT CODED '1' OR '5')
```

HX76

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.MORECOVR	COVERED BY MORE COMP PLAN IN PREV 2 YRS	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) {had health insurance coverage for **(READ TYPES OF INSURANCE BELOW)** coverage} {and} {was covered by a public program} on January 1, {YEAR}. (Were/Was) (PERSON) ever covered by a more comprehensive health insurance plan or program that paid for medical and doctor's bills at any time in the years {YEAR} or {YEAR}?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES	1	{HX77}
NO	2	{END_LP20}
Refused	RF	{END_LP20}
Don't Know	DK	{END_LP20}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'had health...(BELOW)' IF PERSON CONFIRMED AS
POLICYHOLDER (HP09 IS CODED '1' (YES))  OR  SELECTED AS
POLICYHOLDER (SELECTED AT HP11)  OR  SELECTED AS A DEPENDENT
(SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER
PAIR WHERE HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS) AND NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP)
EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE
PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS.  OTHERWISE, USE A
NULL DISPLAY.

DISPLAY 'was....program' IF PERSON SELECTED AT HX19 (FOR
EITHER GROUP 1 OR GROUP 2 PROGRAM).  OTHERWISE, USE A NULL
DISPLAY.

DISPLAY 'and' IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS
CODED '1' (YES))  OR SELECTED AS POLICYHOLDER (SELECTED AT
HP11)  OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY
PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT
CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED '5'
(MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY
COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-
POLICYHOLDER PAIRS AND PERSON SELECTED AT HX19 (FOR EITHER
GROUP 1 OR GROUP 2 PROGRAM).

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) IN THE QUESTION TEXT, "… ON JANUARY 1,
{YEAR}," 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.  IN
THE QUESTION TEXT, "… at any times in the years {YEAR} or
{YEAR}?. " CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST
CALENDAR YEAR OF THE PANEL.  (FOR PANEL 12 FOR EXAMPLE, THIS
WOULD BE '2005 OR 2006?')
```

HX77

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.INSENDMM	MONTH MOST RECENTLY COVR'D	2
PERS.INSENDYY	YEAR MOST RECENTLY COVR'D	4

{PERSON'S FIRST MIDDLE AND LAST NAME}

When (were/was) (PERSON) most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor's bills end **for the last time** in 2005 or 2006?

_____/_____/_____

MM DD YYYY   {HX78}

Refused   RF   {HX78}

Don't Know   DK   {HX78}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:) CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST
CALENDAR YEAR OF THE PANEL FOR "'YEAR' OR 'YEAR'?".  (FOR
PANEL 12 FOR EXAMPLE, THIS WOULD BE '2005 OR 2006?')
```

```
PROGRAMMER NOTES:
'RF' (REFUSED) AND 'DK' (DON'T KNOW) ARE ALLOWED ON THE MONTH
AND YEAR FIELDS.
```

HX78

☑ Help Enabled (PREVINSTYPE)   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.WASSTAT4	WAS PREV INS BY STATE PROGRAM 4	2
PERS.HX78BLSWVS		
PERS.WASESTB	WAS PREV INS BY UNION OR EMPLOYER	2
PERS.WASMCARE	WAS PREV INS BY MEDICARE	2
PERS.WASMCAID	WAS PREV INS BY MEDICAID	2
PERS.WASCHAMP	WAS PREV INS BY CHAMPUS/CHAMPVA	2
PERS.WASVA	WAS PREV INS BY VA/MILITARY CARE	2
PERS.WASPRIV	WAS PREV INS BY GROUP/ASSOC/INS CO	2
PERS.WASOTGOV	INSURANCE THAT ENDED WAS OTHER GOVT PROG	2
PERS.WASAFDC	WAS PREV INS BY PUBLIC AFDC	2
PERS.WASSSI	WAS PREV INS BY SSI PROGRAM	2
PERS.WASSTAT1	WAS PREV INS BY STATE PROGRAM 1	2
PERS.WASSTAT2	WAS PREV INS BY STATE PROGRAM 2	2
PERS.WASSTAT3	WAS PREV INS BY STATE PROGRAM 3	2
PERS.WASOTHER	WAS PREV INS BY SOME OTHER SOURCE	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was (PERSON)'s health insurance that ended in {DATE FROM HX77/{YEAR} or {YEAR} obtained through an employer or union, was it a government program such as Medicare or Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE   1
EMPLOYER OR PUBLIC EMPLOYER
(FEDERAL, STATE, OR LOCAL
GOVERNMENT)

MEDICARE   2

MEDICAID   3

TRICARE/CHAMPVA   4

VA OR MILITARY HEALTH CARE   5

PURCHASED DIRECTLY FROM GROUP,   6
ASSOCIATION, OR INSURANCE AGENT,
INSURANCE COMPANY OR HMO

OTHER TYPE OF GOVERNMENT   7
SPONSORED PROGRAM

OTHER PUBLIC PROGRAM:

TANF/AFDC	8	
SSI	9	
{STATE PROGRAM 1}	10	
{STATE PROGRAM 2}	11	
{STATE PROGRAM 3}	12	
{STATE PROGRAM 4}	13	
OTHER	91	{HX78OV}

Refused	RF	{END_LP20}
Don't Know	DK	{END_LP20}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
DISPLAY INSTRUCTIONS:
IF HX77 IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
DISPLAY THE DATE ENTERED AT HX77 FOR 'MONTH AND YEAR FROM
HX77'.  DISPLAY 'in {YEAR} or{YEAR}' IF HX77 IS CODED 'RF'
(REFUSED) OR 'DK' (DON'T KNOW), WHERE "'YEAR'" DISPLAYS THE
TWO YEARS  PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL.  FOR
PANEL 12 FOR EXAMPLE, THIS WOULD BE '2005 OR 2006.'

FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN
WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER
STATE PROGRAMS.  FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE,
SEE BOX ON HX16.
```

```
PROGRAMMER NOTES:
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR
'DK' IN COMBINATION WITH ANY OTHER CODE.
```

```
ROUTING INSTRUCTION:
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER
CODES, CONTINUE WITH HX78OV

OTHERWISE, GO TO END_LP20
```

HX78OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.WASOTHOS	PREVIOUS INSURANCE SOURCE SPECIFIED	25

OTHER SPECIFY: _____ {END_LP20}

Refused   RF   {END_LP20}

Don't Know   DK   {END_LP20}

END_LP20

```
CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_20 AND CONTINUE
WITH BOX_50
```

BOX_50

```
IF ROUND 3, CONTINUE WITH LOOP_21

OTHERWISE,  GO TO NEXT QUESTIONNAIRE SECTION.
```

LOOP_21

```
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX81 - END_LP21

LOOP DEFINITION:  LOOP_21 COLLECTS INFORMATION FOR EACH RU MEMBER TO
DETERMINE IF THESE PERSONS HAD ANY COMPREHENSIVE COVERAGE ON DECEMBER 31,
{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.
```

HX81

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
PERS.COMPCOVR	HAS INS THAT PAYS MEDICAL BILLS ON 12/31	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) covered by a health insurance plan or program that paid for medical and doctor's bills on December 31, {YEAR}?

YES	1	{END_LP21}
NO	2	{END_LP21}

Refused	RF	{END_LP21}
Don't Know	DK	{END_LP21}

```
DISPLAY INSTRUCTIONS:
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY:)  FOR 'YEAR' DISPLAY THE FIRST CALENDAR YEAR OF
THE PANEL.
```

END_LP21

```
CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_21 AND CONTINUE
WITH BOX_51
```

BOX_51

```
GO TO NEXT QUESTIONNAIRE SECTION
```