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.

BOX_01

IF ONE OR MORE RU MEMBERS STILL HOLDS A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- EMPLOYED' WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_01.

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, THE FIFTH CONDITION ABOVE CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER'S NAME.

OTHERWISE, GO TO BOX_10

NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G, DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND'S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- PAIRS-ROSTER, ASK OE01 -
END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE
THROUGH A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED
IN THE PREVIOUS ROUND.  THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS
THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS
  'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON
  ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED
  '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND),
  AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A
  FIRM-SIZE-1
```

OE01

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPRS.CONFPLCY	CONFIRM SOMEONE STILL COVRD POLCY/MEDCAR	2
EPRS.PLCYHOLD	IS PERSON PRIMARY INSURED PERSON	2

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

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/ (Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES	1	{BOX_02}
NO	2	{OE02}

Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

```
DISPLAY INSTRUCTIONS:
DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY '(Was/Were)' IF
ROUND 5.

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

OE02

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) end?

_____/_____/_____
MM DD YYYY

Refused   RF   {BOX_02}
Don't Know   DK   {BOX_02}

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE02OV

OTHERWISE, GO TO BOX_02
```

```
Hard CHECK:
FOR ROUND 5 ONLY:  COMPLETE DATE ENTERED CANNOT BE AFTER 12/31/{YEAR}, WHERE
'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL.  IF A DATE AFTER
12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:  'DATE CANNOT BE
AFTER 12/31/{YEAR}.  IF INSURANCE ENDED AFTER 12/31/{YEAR}, JUMPBACK AND
CHANGE RESPONSE TO OE01.
```

OE02OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_02}
PART OF THE MONTH	2	{BOX_02}
--		
Refused	RF	{BOX_02}
Don't Know	DK	{BOX_02}

BOX_02

```
IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND'S
INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
AUTOMATICALLY CODE OE03 AS '1' (YES) AND GO TO BOX_03.

OTHERWISE, CONTINUE WITH OE03.
```

OE03

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.ALLCOVR	ALL PERSONS ARE STILL COVERED	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

During the last interview, we recorded that **(READ NAME(S) BELOW)** (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until {{OE02 DATE}/it ended}/on (END-DT)}?

{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}

YES	1	{BOX_03}
NO	2	{BOX_03}
Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Are' IF OE01 IS CODED '1' (YES).

DISPLAY 'Were' IF OE01 IS CODED '2' (NO) OR IF CURRENT ROUND
IS ROUND 5.

DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE02 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended' FOR 'OE02 DATE'.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-
ROSTER for display.
```
```
Roster Behavior:
1. Display only.
2. Select, add, delete, and edit disallowed.
```
```
Roster Filter:
1. Person was covered at the previous round's interview
   date by the insurance from this establishment-person-pair,
   including the policyholder
2. Person is an RU member
```

BOX_03

```
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE
CURRENT ROUND, THAT IS:

IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' (YES), FLAG INSURANCE FOR
ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE'
THROUGH THE REFERENCE PERIOD END DATE AND GO TO BOX_05.

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT
ROUND, THAT IS: IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS
'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE02 AND GO TO BOX_05.

OTHERWISE (I.E., OE03 CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW)), CONTINUE WITH OE04.
```

OE04

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE04		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on (END-DT)}?

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

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

[First Name, [Middle Name], Last Name]   {LOOP_02}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF OE01 IS CODED '1' (YES).
DISPLAY 'was' IF OE01 IS CODED '2' (NO) OR IF CURRENT ROUND IS
ROUND 5.

DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE02 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended'  FOR 'OE02 DATE'.
```

```
PROGRAMMER NOTES:
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR (OE01 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL
PERSONS NOT SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END
DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO)), FLAG
INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS 'CONTINUOUS
COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE
RECORDED AT OE02.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-
ROSTER for selection.
```
```
Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.
```
```
Roster Filter:
1. Person was covered at the previous round's interview date
   by the insurance from this Establishment-Person-Pair,
   including the policyholder
2. Person is an RU member
```

LOOP_02

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE05 - END_LP02.

LOOP DEFINITION:  LOOP_02 COLLECTS THE DATE ON WHICH THE INSURANCE
COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE
DATE REPORTED IN OE02. THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.
```

OE05

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

_____/_____/_____
MM DD YYYY

Refused   RF   {BOX_04}
Don't Know   DK   {BOX_04}

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE05OV.

OTHERWISE, GO TO BOX_04.
```

OE05OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_04}
PART OF THE MONTH	2	{BOX_04}

Refused	RF	{BOX_04}
Don't Know	DK	{BOX_04}

BOX_04

```
FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE
DATE RECORDED AT OE05 AND OE05OV.
```

END_LP02

```
CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE
WITH BOX_05.
```

BOX_05

```
IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS
ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS
RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW
DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04),
CONTINUE WITH OE06.

OTHERWISE, GO TO OE08A.
```

OE06

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

Variable Name	Label	Size
EPRS.COVRPERS	ANYONE COVERED AS DEPENDENT	2

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES	1	{OE07}
NO	2	{OE08A}
Refused	RF	{OE08A}
Don't Know	DK	{OE08A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

OE07

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.COVROUT	HP16/HP17: POLICY COVERS PERS NOT IN RU	2
EPCP.bw_OE07		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

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

[First Name, [Middle Name], Last Name]   {LOOP_03}

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

```
PROGRAMMER NOTES:
WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-
TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT
LISTED IN RU'.
```

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 one or
   more from the listed members.
2. Add, delete, and edit disallowed.
3. Display 'PERSON NOT LISTED IN RU' as last entry on
   this roster.

Roster Filter:
Display persons who were not covered by the insurance
through this establishment-person-pair on the previous
round's interview date.
```

LOOP_03

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE08 - END_LP03.

LOOP DEFINITION:  LOOP_03 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS
NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON PERSONS SELECTED AT OE07.
```

OE08

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVRBMM	MONTH HEALTH INSURANCE BEGAN	2
EPCP.COVRBDD	DAY HEALTH INSURANCE BEGAN	2
EPCP.COVRBYY	YEAR HEALTH INSURANCE BEGAN	4

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

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

_____/_____/_____
MM DD YYYY

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

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE08OV

OTHERWISE, GO TO BOX_06
```

OE08OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.BEGMONTH	BEGIN COVERAGE: COV WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_06}
PART OF THE MONTH	2	{BOX_06}
--		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

```
Hard CHECK:
COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE DATE AT OE02 IF A DATE IS
RECORDED AT OE02 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED
AT OE02.
```

BOX_06

```
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01
IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE08 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH ESTABLISHMENT-PERSON-PAIR
(OE01 IS CODED '2' (NO)) FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE RECORDED AT OE02.
```

END_LP03

```
CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS
THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_03 AND GO TO
BOX_07.
```

OE08A

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

Variable Name	Label	Size
EPRS.COVROUT	HP16/HP17: POLICY COVERS PERS NOT IN RU	2

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

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES	1	{BOX_07}
NO	2	{BOX_07}

Refused	RF	{BOX_07}
Don't Know	DK	{BOX_07}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Does' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE07.
```

BOX_07

```
IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THE
ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,
OE01 IS CODED '1' (YES), CONTINUE WITH BOX_07A.

OTHERWISE, GO TO END_LP01.
```

BOX 07A

```
IF ROUND 3, CONTINUE WITH OE09A.

OTHERWISE, GO TO OE09.
```

OE09A

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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	{OE09AA}
YES, PAY SOME OF PREMIUM/COST	2	{OE09AA}
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST	3	{OE09AA}
NO, DO NOT PAY	4	{OE09AAA}

Refused	RF	{OE09}
Don't Know	DK	{OE09}

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.
```

OE09AA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

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

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

AMOUNT:$ _____   {OE09AAOV1}

Refused   RF   {BOX_08A}

Don't Know   DK   {BOX_08A}

```
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.
```

OE09AAOV1

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

UNIT OF COVERAGE:

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

PER YEAR	1	{BOX_08A}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_08A}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_08A}
PER MONTH	4	{BOX_08A}
PER WEEK	5	{BOX_08A}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_08A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_08A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{BOX_08A}
OTHER	91	{OE09AAOV2}

Refused	RF	{BOX_08A}
Don't Know	DK	{BOX_08A}

OE09AAOV2

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____   {BOX_08A}

Refused   RF   {BOX_08A}
Don't Know   DK   {BOX_08A}

BOX_08A

    IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/ COST), GO TO OE09.

    OTHERWISE, CONTINUE WITH OE09AAA.

OE09AAA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_OE09AAA		
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

{POLICYHOLDER'S 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	{OE09AAAOV}

Refused	RF	{OE09}
Don't Know	DK	{OE09}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'else' IF OE09A 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 OE09A 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 OE09A 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 OE09AAAOV.                                │
│ OTHERWISE, GO TO OE09.                                        │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

OE09AAAOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____   {OE09}

Refused   RF   {OE09}

Don't Know   DK   {OE09}

OE09

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	2
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
EPRS.OTHINSOS	TYPE OF HI GOTTEN: OTH SPECIFY	25
EPRS.MCAREHMO	MEDICARE: PERSON SIGNED WITH HMO	2
EPRS.MCARELET	PLAN LETTER OF MEDICARE INSURANCE	4
EPRS.MCARELST	MEDICARE INSUR LISTED ON THIS CARD	2
EPRS.MCARENAM	NAME OF MEDICARE HMO	25
EPRS.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.EPINID	EPIN ID KEY: EPRSID + COUNTER(2)	22
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2
EPIN.DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?	2
EPIN.HMOPLAN	IS POLICYHOLDERS PLAN AN HMO PLAN?	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
EPIN.OTHNAME	HX42/44/47 ANOTHER NAME FOR POLICY	2
EPIN.OTHNAMOS	HX42/44/47 OTH NAME FOR INSURANCE POLICY	25
EPIN.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2
HOME.PLANFLAG	RU PLAN FLAG-HOSP/PHYS INSR + HMO STATUS	2

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered by **(READ INSURER NAME(S) BELOW)**.}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES	1	{OE10}
NO	2	{END_LP01}
--		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF THE INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS
FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT
ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY 'Since (START DATE), has there been' and 'has' IF NOT
ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE), was there' and
'had' IF  ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG
PREVIOUS ROUND'S INSURER AS CURRENT ROUND'S INSURER FOR THIS
ESTABLISHMENT-PERSON-PAIR.
```

Roster Details

Title: RU_ESTB_PERS_INSURER_TRPLS_1

Col #	Header	Instructions
1	PREV RND INSURER WITH MEDIGAP OR HOSP/PHYS	Display establishment name ESTB.ESTBNAME

OE10

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

Variable Name	Label	Size
EPRS.OE10BLSWVS		
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'S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}   {STR-DT} {END-DT}

- -

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK 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   {OE10OV}

Refused	RF	{BOX_08}
Don't Know	DK	{BOX_08}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT' WILL NOT APPEAR ON THE SHOW CARD.]

```
DISPLAY INSTRUCTIONS:
DISPLAY '(do/does)'IF NOT ROUND 5. DISPLAY 'did' IF ROUND
5.
DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A NULL
DISPLAY.
DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL
DISPLAY.
```

```
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
CODES, CONTINUE WITH OE10OV.

OTHERWISE, GO TO BOX_08.
```

OE10OV

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY:_____ {BOX_08}

Refused   RF   {BOX_08}
Don't Know   DK   {BOX_08}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

**[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT'
WILL NOT APPEAR ON THE SHOW CARD.]**

BOX_08

```
NOTE:  ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS.
THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE11 IF THE
ESTABLISHMENT IS AN INSURANCE CO. OR HMO.

IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE
SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES,
CONTINUE WITH OE11.

OTHERWISE, GO TO END_LP01.
```

OE11

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

What is the new plan name for (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare Supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER:

TYPE:

INSURANCE COMPANY	1
HMO	2
COMPANY IS SELF-INSURED	3

Refused	RF
Don't Know	DK

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

```
DISPLAY INSTRUCTIONS:
DISPLAY 'hospital and physician benefits' IF OE10 IS CODED '1'
(HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement or Medigap
benefits' IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).
```

```
PROGRAMMER NOTES:
WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER
FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT ROUND'S
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG
INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP
BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE
CURRENT ROUND.

IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT
NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO
AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT
ROUND.
```

LOOP_04

```
FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK
OE11A - END_LP04.

LOOP DEFINITION:  LOOP_04 COLLECTS OTHER POLICY NAMES AND MANAGED CARE
INFORMATION FOR INSURERS COLLECTED AT OE11.  THIS LOOP CYCLES ON TRIPLES
THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE11
```

OE11A

☑ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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	{OE11AOV}
NO OTHER NAME	2	{BOX_09A}
Refused	RF	{BOX_09A}
Don't Know	DK	{BOX_09A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

```
DISPLAY INSTRUCTIONS:
DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN OE11
WHICH IS BEING LOOPED ON FOR 'INSURANCE.... NAME'
```

OE11AOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER NAME: _____   {BOX_09A}

Refused   RF   {BOX_09A}

Don't Know   DK   {BOX_09A}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX_09A

IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE11 CONTINUE WITH OE11B.

OTHERWISE, GO TO BOX_09.

OE11B

☐ 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_LP04}
NO	2	{END_LP04}
Refused	RF	{END_LP04}
Don't Know	DK	{END_LP04}

BOX_09

```
ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER.

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP04.
```

END_LP04

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

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE
WITH END_LP01.
```

END_LP01

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE
WITH BOX_10.
```

BOX_10

```
IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A 'CURRENT MAIN' OR 'CURRENT
MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND
AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND'S
INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING
CONDITIONS:
- RJ01 OR RJ06 WAS CODED '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW)
  DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS
  ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED
  PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW
   (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1'
   (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- EMPLOYED'
  WITH A FIRM-SIZE-1,
CONTINUE WITH LOOP_05.

OTHERWISE, GO TO BOX_19.

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS
ROUND'S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF
AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER'S INSURANCE ON THE
PREVIOUS ROUND'S INTERVIEW DATE.  COVERAGE FOR THE POLICYHOLDER IS ASSUMED
IN THAT CASE AND THE LOOP WILL CYCLE ON THE POLICYHOLDER'S NAME.

NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE
(E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND'S
INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS
WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_05.
```

LOOP_05

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE12-
END_LP05.

LOOP DEFINITION:

LOOP_05 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE
THROUGH A NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB
THAT WAS COLLECTED IN THE PREVIOUS ROUND.  THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW)
  DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS
  ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON
  ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED
  '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND),
  AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A
  FIRM-SIZE-1.
```

OE12

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2
EPRS.PLCYHOLD	IS PERSON PRIMARY INSURED PERSON	2
EPRS.CONFPLCY	CONFIRM SOMEONE STILL COVRD POLCY/MEDCAR	2

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

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is) (Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES	1	{OE16}
NO	2	{OE13}

Refused	RF	{END_LP05}
Don't Know	DK	{END_LP05}

```
DISPLAY INSTRUCTIONS:
DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY '(Was/Were)' if
round 5.
DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.
```

OE13

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.INSCONT	DID INSURANCE CONTINUE AFTER JOB END	2

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

Did the health insurance (POLICYHOLDER) had through (ESTABLISHMENT) continue for any period of time after (POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES	1	{OE14}
NO	2	{OE15}
Refused	RF	{OE15}
Don't Know	DK	{OE15}

OE14

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

Variable Name	Label	Size
EPRS.COBRACON	DID INSURANCE CONTINUE THRU COBRA	2

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

Did that health insurance continue through COBRA?

YES	1	{OE15}
NO	2	{OE15}
Refused	RF	{OE15}
Don't Know	DK	{OE15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

OE15

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) end?

_____/_____/_____
MM DD YYYY

Refused   RF
Don't Know   DK

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE15OV.

OTHERWISE, GO TO BOX_11.
```

```
Hard CHECK:
(FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED CANNOT BE AFTER 12/31/{YEAR},
WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. IF A DATE AFTER
12/31/{YEAR) IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:  'DATE CANNOT BE
AFTER 12/31/{YEAR.'  IF INSURANCE ENDED AFTER 12/31/{YEAR}, JUMPBACK TO
CHANGE RESPONSE TO OE12.
```

OE15OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_11}
PART OF THE MONTH	2	{BOX_11}
Refused	RF	{BOX_11}
Don't Know	DK	{BOX_11}

OE16

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

Variable Name	Label	Size
EPRS.COBRACON	DID INSURANCE CONTINUE THRU COBRA	2

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

Is (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) now extended through COBRA?

YES	1	{BOX_11}
NO	2	{BOX_11}
Refused	RF	{BOX_11}
Don't Know	DK	{BOX_11}

HELP AVAILABLE FOR DEFINITION OF COBRA.

BOX_11

```
IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND'S
INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
AUTOMATICALLY CODE OE17 AS '1' (YES) AND GO TO BOX_12

OTHERWISE, CONTINUE WITH OE17
```

OE17

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.ALLCOVR	ALL PERSONS ARE STILL COVERED	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

During the last interview, we recorded that **(READ NAME(S) BELOW)** (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until {{OE15 DATE}/it ended}/on (END-DT)}?

{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}

YES	1	{BOX_12}
NO	2	{BOX_12}
Refused	RF	{BOX_12}
Don't Know	DK	{BOX_12}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Are' IF OE12 IS CODED '1' (YES).
DISPLAY 'Were' IF OE12 IS CODED '2' (NO) OR IF CURRENT ROUND
IS ROUND 5.

DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' (NO). DISPLAY
'on (END-DT)' IF OE12 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE15 IS CODED 'RF'  (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended'  FOR 'OE15 DATE'.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays persons on the RU-ESTB-PLCYHLDR-CVRD-PERS-
TRPLS-ROSTER for display.
```

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

```
Roster Filter:
1. Person was covered at the previous round's interview date
   by the insurance from this ESTABLISHMENT-PERSON-PAIR,
   including the policyholder and
2. Person is an RU member.
```

BOX_12

```
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE
CURRENT ROUND, THAT IS:

IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS
'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX_14

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT
ROUND, THAT IS:

IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS
'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE15

AND GO TO BOX_14

OTHERWISE (I.E., OE17 CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW)), CONTINUE WITH OE18
```

OE18

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE18		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/on (END-DT)}?

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

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

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

```
DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF OE12 IS CODED '1' (YES).
DISPLAY 'was' IF OE12 IS CODED '2' (NO) OR IF CURRENT ROUND IS
ROUND 5.

DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE12 IS CODED '1'  (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE15 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended' FOR 'OE15 DATE'.
```

```
PROGRAMMER NOTES:
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR (OE12 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL
PERSONS NOT SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END
DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2', (NO)), FLAG
INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS CONTINUOUS
COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE
RECORDED AT OE15.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-
ROSTER for selection.
```
```
Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.
```
```
Roster Filter:
1. Person was covered at the previous round's interview date
   by the insurance from this establishment-person-pair,
   including the policyholder
2. Person is an RU member
```

LOOP_06

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE19 - END_LP06.

LOOP DEFINITION:  LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE
COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE
REPORTED IN OE15.  THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.
```

OE19

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

_____/_____/_____

MM DD YYYY

Refused   RF   {BOX_13}
Don't Know   DK   {BOX_13}

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE19OV

OTHERWISE, GO TO BOX_13
```

OE19OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_13}
PART OF THE MONTH	2	{BOX_13}
Refused	RF	{BOX_13}
Don't Know	DK	{BOX_13}

BOX_13

FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE
DATE RECORDED AT OE19 AND OE19OV.

END_LP06

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE
WITH BOX_14

BOX_14

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS
ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS
RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW
DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18),
CONTINUE WITH OE20.

OTHERWISE, GO TO OE22A.

OE20

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

Variable Name	Label	Size
EPRS.COVRPERS	ANYONE COVERED AS DEPENDENT	2

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, that we have not yet mentioned, been covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES	1	{OE21}
NO	2	{OE22A}
Refused	RF	{OE22A}
Don't Know	DK	{OE22A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT

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

OE21

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE21		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

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

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

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

```
PROGRAMMER NOTES:
WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-
TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT
LISTED IN RU'.
```

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 one or
   more from the listed members.
2. Add, delete, and edit disallowed.
3. Display 'PERSON NOT LISTED IN RU' as last entry on
   this roster.

Roster Filter:
 Display persons who were not covered by the insurance
   through this Establishment-Person-Pair on the previous
   round's interview date.
```

LOOP_07

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE22 - END_LP07.

LOOP DEFINITION:  LOOP_07 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS
NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON PERSONS SELECTED AT OE21.
```

OE22

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVRBMM	MONTH HEALTH INSURANCE BEGAN	2
EPCP.COVRBDD	DAY HEALTH INSURANCE BEGAN	2
EPCP.COVRBYY	YEAR HEALTH INSURANCE BEGAN	4

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

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

_____/_____/_____
MM   DD   YYYY

Refused   RF
Don't Know   DK

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE22OV.

OTHERWISE, GO TO BOX_15.
```

OE22OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.BEGMONTH	BEGIN COVERAGE: COV WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_15}
PART OF THE MONTH	2	{BOX_15}
--		
Refused	RF	{BOX_15}
Don't Know	DK	{BOX_15}

```
Hard CHECK:
COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE AT OE15 IF A DATE IS
RECORDED AT OE15 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED
AT OE15.
```

BOX_15

```
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12
IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE22 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-
PAIR (OE12 IS CODED '2' (NO)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL DATE RECORDED AT
OE15.
```

END_LP07

```
CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE
WITH BOX_16.
```

OE22A

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

Variable Name	Label	Size
EPRS.COVROUT	HP16/HP17: POLICY COVERS PERS NOT IN RU	2

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

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

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

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Does' IF NOT ROUND 5.  DISPLAY 'Between (START DATE)
and (END DATE), did' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE21
```

BOX_16

```
IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,
OE12 IS CODED '1'(YES), CONTINUE WITH BOX_16A.

OTHERWISE, GO TO END_LP05.
```

BOX 16A

```
   IF ROUND 3, CONTINUE WITH OE23A.

   OTHERWISE, GO TO OE23.
```

OE23A

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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	
YES, PAY SOME OF PREMIUM/COST	2	
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST	3	
NO, DO NOT PAY	4	{OE23AAA}
--		
Refused	RF	{OE23}
Don't Know	DK	{OE23}

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.
```

OE23AA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

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

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

AMOUNT: $ _____   {OE23AAOV1}

Refused   RF   {BOX_17A}

Don't Know   DK   {BOX_17A}

```
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.
```

OE23AAOV1

☐ 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	{BOX_17A}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_17A}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_17A}
PER MONTH	4	{BOX_17A}
PER WEEK	5	{BOX_17A}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_17A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_17A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{BOX_17A}
OTHER	91	{OE23AAOV2}

Refused	RF	{BOX_17A}
Don't Know	DK	{BOX_17A}

OE23AAOV2

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____   {BOX_17A}

Refused	RF	{BOX_17A}
Don't Know	DK	{BOX_17A}

BOX_17A

```
IF OE23A IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO OE23.

OTHERWISE, CONTINUE WITH OE23AAA.
```

OE23AAA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
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

{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

Refused	RF	{OE23}
Don't Know	DK	{OE23}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'else' IF OE23A 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 OE23A 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 OE23A 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 OE23AAAOV

OTHERWISE, GO TO OE23
```

OE23AAAOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____ {OE23}

Refused   RF   {OE23}
Don't Know   DK   {OE23}

OE23

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.MCARELST	MEDICARE INSUR LISTED ON THIS CARD	2
EPIN.DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?	2
EPIN.HMOPLAN	IS POLICYHOLDERS PLAN AN HMO PLAN?	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
EPRS.MCARELET	PLAN LETTER OF MEDICARE INSURANCE	4
EPRS.MCARENAM	NAME OF MEDICARE HMO	25
EPIN.MSUPFLG	FLAG-PROVIDE MEDICARE SUPPLEMENT/MEDIGAP	2
EPIN.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2
EPRS.MCAREHMO	MEDICARE: PERSON SIGNED WITH HMO	2
EPRS.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.OTHNAMOS	HX42/44/47 OTH NAME FOR INSURANCE POLICY	25
EPIN.OTHNAME	HX42/44/47 ANOTHER NAME FOR POLICY	2
EPRS.NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	2
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
EPRS.OTHINSOS	TYPE OF HI GOTTEN: OTH SPECIFY	25
HOME.PLANFLAG	RU PLAN FLAG-HOSP/PHYS INSR + HMO STATUS	2
EPIN.EPINID	EPIN ID KEY: EPRSID + COUNTER(2)	22
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME BELOW).}

{Since (START DATE), has there been/between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance (POLICYHOLDER) { has/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES	1	{OE24}
NO	2	{END_LP05}

Refused	RF	{END_LP05}
Don't Know	DK	{END_LP05}

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF THE INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS
FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT
ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY 'Since (START DATE), has there been' AND 'has' IF NOT
ROUND 5.  DISPLAY 'Between (START DATE) and (END DATE), was
there' AND 'had' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG
PREVIOUS ROUND'S INSURER AS CURRENT ROUND'S INSURER FOR THIS
ESTABLISHMENT-PERSON-PAIR.
```

Roster Details

Title: RU_ESTB_PERS_INSURER_TRPLS_1

Col #	Header	Instructions
1	PREV RND INSURER WITH MEDIGAP OR HOSP/PHYS	Display establishment name ESTB.ESTBNAME

OE24

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

Variable Name	Label	Size
EPRS.OE24BLSWVS		
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

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK 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

Refused	RF	{BOX_17}
Don't Know	DK	{BOX_17}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

**[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT'
WILL NOT APPEAR ON THE SHOW CARD.]**

```
DISPLAY INSTRUCTIONS:
DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did' IF ROUND 5.

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

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

```
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
CODES, CONTINUE WITH OE24OV.

OTHERWISE, GO TO BOX_17.
```

OE24OV

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY:_____   {BOX_17}

Refused   RF   {BOX_17}

Don't Know   DK   {BOX_17}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT' WILL NOT APPEAR ON THE SHOW CARD.]

BOX 17

```
IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE
SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES,
CONTINUE WITH OE25

OTHERWISE, GO TO END_LP05.
NOTE:  ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS.
THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE25 IF THE
ESTABLISHMENT IS AN INSURANCE CO. OR HMO.
```

OE25

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

What is the new plan name for (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

NAME OF INSURER:

TYPE:

INSURANCE COMPANY	1	{LOOP_08}
HMO	2	{LOOP_08}
COMPANY IS SELF-INSURED	3	{LOOP_08}

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

```
DISPLAY INSTRUCTIONS:
DISPLAY 'hospital and physician benefits' IF OE24 IS CODED '1'
(HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement or Medigap
benefits'  and 'MEDIGAP' IF OE24 IS CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP)
```

```
PROGRAMMER NOTES:
WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER
FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT ROUND'S
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.


IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG
INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP
BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE
CURRENT ROUND.

IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN  BENEFITS), BUT
NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO
AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT
ROUND.
```

LOOP_08

```
FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK
OE25AA - END_LP08.

LOOP DEFINITION:  LOOP_08 COLLECTS OTHER POLICY NAMES AND MANAGED CARE
INFORMATION FOR INSURERS COLLECTED AT OE25.  THIS LOOP CYCLES ON TRIPLES
THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE25
```

OE25AA

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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, 90/80 Plan, Gold, or High Option?

YES, ANOTHER NAME	1	{OE25AAOV}
NO OTHER NAME	2	{BOX_18A}
Refused	RF	{BOX_18A}
Don't Know	DK	{BOX_18A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

```
DISPLAY INSTRUCTIONS:
DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN OE25
WHICH IS BEING LOOPED ON  FOR 'INSURANCE.... NAME'
```

OE25AAOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER NAME: _____   {BOX_18A}

| Refused | RF | {BOX_18A} |
| Don't Know | DK | {BOX_18A} |

BOX_18A

```
IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE25, GO TO END_LP08

OTHERWISE, CONTINUE WITH BOX_18
```

OE25B

☐ 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_LP08}
NO	2	{END_LP08}
Refused	RF	{END_LP08}
Don't Know	DK	{END_LP08}

BOX_18

```
ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER.

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP08.
```

END_LP08

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

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE
WITH END_LP05.
```

END_LP05

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE
WITH BOX_19.
```

BOX_19

```
IF ONE OR MORE OR RU MEMBERS WAS COVERED BY INSURANCE THROUGH A NON-
CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-
EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE ON THE PREVIOUS
ROUND'S INTERVIEW DATE, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEETS THE FOLLOWING
CONDITIONS:
- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
    - FLAGGED AS A DIRECT PURCHASE SOURCE
    - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE
      PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
    - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1,
      FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH
      INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES
      DURING THE PREVIOUS ROUND:
        - 'FORMER MAIN WITHIN REFERENCE PERIOD'
        - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
        - 'LAST JOB OUTSIDE REFERENCE PERIOD'
        - 'RETIREMENT JOB'
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT
  IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON
  THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1'
  (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND);

CONTINUE WITH LOOP_09.

OTHERWISE, GO TO BOX_29.

NOTE:  IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE
PREVIOUS ROUND'S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE
MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER'S INSURANCE ON
THE PREVIOUS ROUND'S INTERVIEW DATE.  THE LOOP WILL CYCLE ON THE
POLICYHOLDER'S NAME.

NOTE:  ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE
(E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND'S
INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS
WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_09.

NOTE:  FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM-SIZE-1, THE CONTEXT
HEADER SHOULD DISPLAY THE NAME OF THE SOURCE PROVIDING THE INSURANCE
RATHER THAN THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE SELF-EMPLOYED-
FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF PURCHASE CATEGORY.  FOR EMPLOYERS
WHICH ARE NOT SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER NAME AND
EMPLOYER NAME IN THE CONTEXT HEADER.
```

LOOP_09

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK
BOX_19A - END_LP09

LOOP DEFINITION:  LOOP_09 COLLECTS INFORMATION ABOUT THE CONTINUATION OF
INSURANCE COVERAGE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND,
AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT
PURCHASE SOURCE THAT WAS COLLECTED IN THE PREVIOUS ROUND.  THIS LOOP
CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
     - FLAGGED AS A DIRECT PURCHASE SOURCE
     - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING
       THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
     - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1,
       FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH
       INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES
       DURING THE PREVIOUS ROUND:
        - 'FORMER MAIN WITHIN REFERENCE PERIOD'
        - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
        - 'LAST JOB OUTSIDE REFERENCE PERIOD'
        - 'RETIREMENT JOB'
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT
  IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON
  ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1'
  (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND)
```

BOX_19A

```
IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS
'POLICYHOLDER NOT LISTED IN RU (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE
WITH OE25A.

OTHERWISE, GO TO OE26.
```

OE25A

☐ 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.DUPERSID	PERSID FOR WHO IS THE ACTUAL PLCYHOLDER	8
EPRS.DECEANAM	ENER NAME/DESCR OF DECEASED PLCY HOLDER	40
EPRS.NONRUNAM	SPECIFY NAME/DESCR OF NON-RU PLCY HOLDER	15
EPRS.PLCYHOLD	IS PERSON PRIMARY INSURED PERSON	2
EPRS.PURCHTYP	MAIN CATEGORY OF PURCHASING INSURANCE	2
EPRS.PURCHOS	GET INS FROM OTHER SOURCE-SPECIFIED	25
EPRS.PRIVINS	PURCHASE SOURCE FOR HEALTH INSURANCE	2
EPRS.PRIVINOS	PURCHASE SOURCE FOR HEALTH INSURANCE OS	25
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.CREATEQ	CREATION STAMP	2
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

INTERVIEWER: IF (POLICYHOLDER)'S NAME IS LISTED ON THE ROSTER BELOW, SELECT IT. IF NOT, SELECT 'NAME NOT ON ROSTER' AND CONTINUE.

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

```
PROGRAMMER NOTES:
IF A DU MEMBER'S NAME IS SELECTED FROM THE ROSTER, REPLACE
THIS NAME AS THE CURRENT POLICYHOLDER OF THIS ESTABLISHMENT-
PERSON-PAIR. IF 'NAME NOT ON ROSTER' SELECTED LEAVE THE
POLICYHOLDER NAME OF THIS ESTABLISHMNT-PERSON-PAIR AS IS.
```

Roster Details

Title: DU_MEMBERS_1

Col #	Header	Instructions
1	NAME	Display DU members' first, middle, and last names PERS.FULLNAME

```
Roster Definition:
This item displays persons in the DU-Members-Roster for
selection.
```

```
Roster Behavior:
1. Select allowed
2. Multiple Select, add, delete, and edit disallowed.
3. Display 'NAME NOT ON ROSTER' as last entry on this roster.
```

```
Roster Filter:
No filter; display all.
```

OE26

☐ Help Enabled   ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.CONFPLCY	CONFIRM SOMEONE STILL COVRD POLCY/MEDCAR	2
EPRS.DUPERSID	PERSID FOR WHO IS THE ACTUAL PLCYHOLDER	8

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

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)}(POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES	1	
NO	2	{OE28}

Refused	RF	{END_LP09}
Don't Know	DK	{END_LP09}

```
DISPLAY INSTRUCTIONS:
DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY '(Was/Were)' IF
ROUND 5.

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

```
ROUTING INSTRUCTION:
IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON- PAIR IS AN
ESTABLISHMENT FLAGGED AS 'SELF-EMPLOYED' WITH FIRM-SIZE-1,
CONTINUE WITH OE27

OTHERWISE (I.E., IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-
PAIR IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1), GO TO BOX_20
```

OE27

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

Variable Name	Label	Size
EPRS.THRUBUSI	IS INSR STILL THRU SELF-EMP BUSINESS	2

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

Is this insurance still through (POLICYHOLDER)'s self-employed business?

YES	1	{BOX_20}
NO	2	{BOX_20}
Refused	RF	{BOX_20}
Don't Know	DK	{BOX_20}

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

OE28

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) end?

_____/_____/_____
MM DD YYYY

Refused   RF   {BOX_20}
Don't Know   DK   {BOX_20}

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE28OV

OTHERWISE, GO TO BOX_20
```

```
Hard CHECK:
FOR ROUND 5 ONLY:  COMPLETE DATE ENTERED CANNOT BE AFTER 12/31/{YEAR}, WHERE
'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL.  IF A DATE AFTER 12/31/2008
IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE CANNOT BE AFTER
12/31/{YEAR}.  IF INSURANCE ENDED AFTER 12/31/{YEAR}, JUMPBACK AND CHANGE
RESPONSE TO OE26.
```

OE28OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_20}
PART OF THE MONTH	2	{BOX_20}

Refused	RF	{BOX_20}
Don't Know	DK	{BOX_20}

BOX_20

```
IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND'S
INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
AUTOMATICALLY CODE OE29 AS '1' (YES) AND GO TO BOX_21.

OTHERWISE, CONTINUE WITH OE29.
```

OE29

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.ALLCOVR	ALL PERSONS ARE STILL COVERED	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until {{OE28 DATE}/it ended}/on (END-DT)}?

{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}

YES	1	{BOX_21}
NO	2	{BOX_21}
Refused	RF	{BOX_21}
Don't Know	DK	{BOX_21}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Are' IF OE26 IS CODED '1' (YES).
DISPLAY 'Were' IF OE26 IS CODED '2' (NO) OR IF CURRENT ROUND
IS ROUND 5.

DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2'  (NO).
DISPLAY 'on (END-DT)' IF OE26 IS CODED '1'  (YES).

DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE28 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.
```

BOX_21

```
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE
CURRENT ROUND, THAT IS:

IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS
'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX_23 .

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT
ROUND, THAT IS:

IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS
'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE28 AND

GO TO BOX_23.

OTHERWISE (I.E., OE29 CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T
KNOW)), CONTINUE WITH OE30.
```

OE30

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE30		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/on (END-DT)}?

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

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

[First Name, [Middle Name], Last Name]   {LOOP_10}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF OE26 IS CODED '1' (YES).
DISPLAY 'was' IF OE26 IS CODED '2' (NO) OR IF CURRENT ROUND IS
ROUND 5.

DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.  IF THE
MONTH OR YEAR FIELD AT OE28 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.
```

```
PROGRAMMER NOTES:
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL
PERSONS NOT SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END
DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG
INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS
COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE
RECORDED AT OE28
```

Roster Details

Title:	RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1	
Col #	**Header**	**Instructions**
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-
ROSTER for selection.
```
```
Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.
```
```
Roster Filter:
1. Person was covered at the previous round's interview date
   by the insurance from this Establishment-Person-Pair,
   including the policyholder
2. Person is an RU member
```

LOOP_10

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE31 - END_LP10.

LOOP DEFINITION:  LOOP_10 COLLECTS THE DATE ON WHICH THE INSURANCE
COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE
DATE REPORTED IN OE28. THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.
```

OE31

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4

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

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

_____/_____/_____

MM   DD   YYYY   {OE31OV}

Refused   RF   {BOX_22}

Don't Know   DK   {BOX_22}

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE31OV.

OTHERWISE, GO TO BOX_22.
```

OE31OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_22}
PART OF THE MONTH	2	{BOX_22}

Refused	RF	{BOX_22}
Don't Know	DK	{BOX_22}

BOX_22

FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE31 AND OE31OV.

END_LP10

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_10 AND CONTINUE WITH BOX_23.

BOX_23

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30), CONTINUE WITH OE32.

OTHERWISE, GO TO OE34A.

OE32

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

Variable Name	Label	Size
EPRS.COVRPERS	ANYONE COVERED AS DEPENDENT	2
EPRS.COVROUT	HP16/HP17: POLICY COVERS PERS NOT IN RU	2

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES	1	{OE33}
NO	2	{OE34A}
Refused	RF	{OE34A}
Don't Know	DK	{OE34A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT

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

OE33

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE33		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

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

[First Name, [Middle Name], Last Name]   {LOOP_11}

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

```
PROGRAMMER NOTES:
WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-
TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT
LISTED IN RU'.
```

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 one or
   more from the listed members.
2. Add, delete, and edit disallowed.
3. Display 'PERSON NOT LISTED IN RU' as last entry on
   this roster.

Roster Filter:
 Display persons who were not covered by the insurance
   through this Establishment-Person-Pair on the previous
   round's interview date..
```

LOOP_11

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE34 - END_LP11.

LOOP DEFINITION:  LOOP_11 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS
NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR.   THIS LOOP CYCLES ON PERSONS SELECTED AT OE33.
```

OE34

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVRBMM	MONTH HEALTH INSURANCE BEGAN	2
EPCP.COVRBDD	DAY HEALTH INSURANCE BEGAN	2
EPCP.COVRBYY	YEAR HEALTH INSURANCE BEGAN	4

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

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

_____/_____/_____
MM   DD   YYYY

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

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE34OV.

OTHERWISE, GO TO BOX_24.
```

OE34OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.BEGMONTH	BEGIN COVERAGE: COV WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_24}
PART OF THE MONTH	2	{BOX_24}

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

```
Hard CHECK:
COMPLETE DATE AT OE34 MUST BE < THAN COMPLETE DATE AT OE28 IF A DATE IS
RECORDED AT OE28 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED
AT OE28.
```

BOX_24

```
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26
IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE34 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-
PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 UNTIL DATE RECORDED AT
OE28.
```

END_LP11

```
CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_11 AND CONTINUE
WITH BOX_25.
```

OE34A

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

Variable Name	Label	Size
EPRS.COVROUT	HP16/HP17: POLICY COVERS PERS NOT IN RU	2

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

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

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

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Does' IF NOT ROUND 5.  DISPLAY 'Between (START DATE)
AND (END DATE), did' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE33.
```

BOX_25

```
IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THE
ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,
OE26 IS CODED '1'(YES), CONTINUE WITH BOX_25A.

OTHERWISE, GO TO END_LP09.
```

BOX 25A

```
IF ROUND 3, CONTINUE WITH OE35A.

OTHERWISE, GO TO OE35.
```

OE35A

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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	{OE35AA}
YES, PAY SOME OF PREMIUM/COST	2	{OE35AA}
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST	3	{OE35AA}
NO, DO NOT PAY	4	{OE35AAA}

Refused	RF	{OE35}
Don't Know	DK	{OE35}

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.
```

OE35AA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

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

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

Amount: $ _____   {OE35AAOV1}

Refused   RF   {BOX_26A}

Don't Know   DK   {BOX_26A}

```
PROGRAMMER NOTES:
NOTE:  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.
```

OE35AAOV1

☐ 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	{BOX_26A}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_26A}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_26A}
PER MONTH	4	{BOX_26A}
PER WEEK	5	{BOX_26A}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_26A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_26A}
SEMI-MONTHLY/2 TIMES PER MONTHS	8	{BOX_26A}
OTHER	91	{OE35AAOV2}

Refused	RF	{BOX_26A}
Don't Know	DK	{BOX_26A}

OE35AAOV2

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

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

OTHER SPECIFY:_____ {BOX_26A}

Refused	RF	{BOX_26A}
Don't Know	DK	{BOX_26A}

BOX_26A

```
IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO OE35.

OTHERWISE, CONTINUE WITH OE35AAA.
```

OE35AAA

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_OE35AAA		
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

{POLICYHOLDER'S 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	{OE35AAAOV}

Refused	RF	{OE35}
Don't Know	DK	{OE35}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'else' IF OE35A 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 OE35A 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 OE35A 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 OE35AAAOV                                │
│                                                              │
│ OTHERWISE, GO TO OE35                                        │
└ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┘
```

OE35AAAOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____

Refused   RF
Don't Know   DK

OE35

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	2
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
EPRS.OTHINSOS	TYPE OF HI GOTTEN: OTH SPECIFY	25
EPRS.MCAREHMO	MEDICARE: PERSON SIGNED WITH HMO	2
EPRS.MCARELET	PLAN LETTER OF MEDICARE INSURANCE	4
EPRS.MCARELST	MEDICARE INSUR LISTED ON THIS CARD	2
EPRS.MCARENAM	NAME OF MEDICARE HMO	25
EPRS.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.EPINID	EPIN ID KEY: EPRSID + COUNTER(2)	22
EPIN.EPINRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPIN.CREATEQ	CREATION STAMP	2
EPIN.DRLIST	DOES PLAN HAVE A BOOK/LIST OF DOCTORS?	2
EPIN.HMOPLAN	IS POLICYHOLDERS PLAN AN HMO PLAN?	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
EPIN.OTHNAME	HX42/44/47 ANOTHER NAME FOR POLICY	2
EPIN.OTHNAMOS	HX42/44/47 OTH NAME FOR INSURANCE POLICY	25
EPIN.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS,GROUP	2
EPIN.VISITPAY	PLAN PAY FOR NON-HMO, NON-REFER DR VISIT	2
HOME.PLANFLAG	RU PLAN FLAG-HOSP/PHYS INSR + HMO STATUS	2

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered by **(READ INSURER NAME BELOW)**.}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES	1	
NO	2	{END_LP09}

Refused	RF	{END_LP09}
Don't Know	DK	{END_LP09}

```
DISPLAY INSTRUCTIONS:
DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER NAMES IF THE
INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY
INSURERS FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN
BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY 'Since (START DATE), has there been' AND 'has' IF NOT
ROUND 5.  DISPLAY 'Between (START DATE) and (END DATE), was
there' AND 'had' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG
PREVIOUS ROUND'S INSURER AS CURRENT ROUND'S INSURER FOR THIS
ESTABLISHMENT-PERSON-PAIR.
```

```
ROUTING INSTRUCTION:
IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS AN
INSURANCE CO. OR HMO, CONTINUE WITH OE36

OTHERWISE (I.E., IF CODED '1' (YES) AND ESTABLISHMENT IS NOT
FLAGGED AS AN INSURANCE CO. OR HMO), GO TO OE37
```

Roster Details

Title: RU_ESTB_PERS_INSURER_TRPLS_1

Col #	Header	Instructions
1	PREV RND INSURER WITH MEDIGAP OR HOSP/PHYS	Display establishment name ESTB.ESTBNAME

Roster Definition:
This item displays insurers in the RU-ESTB-PERSON-INSURER-
TRPLS-ROSTER for display.

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

Roster Filter:
1. Flagged as 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS'
   and/or 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP
   BENEFITS' and
2. Are associated with the insurance through this
   Establishment-Person-Pair.

OE36

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPRS.NEWPNAM	NEW PLAN NAME/ESTABLISHMENT NAME	30
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

What is the new plan name of (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

PLAN NAME:_____   {OE37}

```
PROGRAMMER NOTES:
WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-
PERSONS-PAIRS-ROSTER.  THIS IS THE CORRECTED ESTABLISHMENT
NAME.

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND'S INSURER FOR THIS
POLICYHOLDER-ESTABLISHMENT PAIR.

IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR
INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE
INSURER NAME.  THEREFORE, ANY CHANGE IN PLAN NAME
AUTOMATICALLY DICTATES A CHANGE IN THE ESTABLISHMENT NAME.
```

OE37

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

Variable Name	Label	Size
EPRS.OE37BLSWVS		
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'S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT}   {STR-DT} {END-DT}

- -

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK 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 {OE37OV}

Refused	RF	{BOX_26}
Don't Know	DK	{BOX_26}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT' WILL NOT APPEAR ON THE SHOW CARD.]

```
DISPLAY INSTRUCTIONS:
DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'  IF ROUND 5.

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

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

```
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
CODES, CONTINUE WITH OE37OV.

OTHERWISE, GO TO BOX_26.
```

OE37OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER SPECIFY: _____ {BOX_26}

Refused	RF	{BOX_26}
Don't Know	DK	{BOX_26}

BOX_26

```
IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE
SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES,
CONTINUE WITH BOX_27.

OTHERWISE, GO TO END_LP09.
```

BOX_27

```
IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE CO.' OR 'HMO',
AUTOMATICALLY CODE OE38 WITH APPROPRIATE RESPONSES AND GO TO LOOP_12

OTHERWISE, CONTINUE WITH OE38
```

OE38

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

What is the new plan name for (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

NAME OF INSURER:

TYPE:

INSURANCE COMPANY	1	{LOOP_12}
HMO	2	{LOOP_12}
COMPANY IS SELF-INSURED	3	{LOOP_12}

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

```
DISPLAY INSTRUCTIONS:
DISPLAY 'hospital and physician benefits' IF OE37 IS CODED '1'
(HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement or Medigap
benefits' AND 'MEDIGAP' IF OE37 IS CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP).
```

```
PROGRAMMER NOTES:
WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER
FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT ROUND'S
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG
INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP
BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE
CURRENT ROUND.

IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT
NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO
AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT
ROUND.
```

LOOP_12

```
FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK
OE38A - END_LP12.

LOOP DEFINITION:  LOOP_12 COLLECTS OTHER POLICY NAMES AND MANAGED CARE
INFORMATION FOR INSURERS COLLECTED AT OE38.  THIS LOOP CYCLES ON TRIPLES
THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE38
```

OE38A

☑ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

{POLICYHOLDER'S 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, 90/80 Plan, Gold, or High Option?

YES, ANOTHER NAME	1	{OE38AOV}
NO OTHER NAME	2	{BOX_28A}
Refused	RF	{BOX_28A}
Don't Know	DK	{BOX_28A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

```
DISPLAY INSTRUCTIONS:
DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN OE38
WHICH IS BEING LOOPED ON FOR 'INSURANCE.... NAME'
```

OE38AOV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

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

OTHER NAME: _____   {BOX_28A}

Refused   RF   {BOX_28A}

Don't Know   DK   {BOX_28A}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX_28A

```
IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE38, CONTINUE WITH OE38B.

OTHERWISE, CONTINUE WITH BOX_28.
```

OE38B

☐ 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_LP12}
NO	2	{END_LP12}
Refused	RF	{END_LP12}
Don't Know	DK	{END_LP12}

BOX_28

```
ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER.

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP12.
```

END_LP12

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

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE
WITH END_LP09.
```

END_LP09

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE
WITH BOX_29.
```

BOX_29

```
IN ROUND 1 RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.

IF ONE OR MORE RU MEMBERS WAS COVERED PERSON BY AN ESTABLISHMENT-PERSON-
PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS A
PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER IS FLAGGED AS
'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS' AT THE CURRENT ROUND'S INTERVIEW
DATE, CONTINUE WITH LOOP_13.

OTHERWISE, GO TO BOX_33.

NOTE:  WHEN A POLICYHOLDER LEAVES AN RU, WE WILL NEVER ASK RJ AND THAT
POLICYHOLDER WILL NEVER QUALIFY FOR LOOPS 01, 05, OR 09.  WE CREATED A NEW
LOOP, LOOP_13 THAT WILL HANDLE THE SITUATIONS WHERE THE POLICYHOLDER HAS
LEFT THE RU AND LEFT DEPENDENTS BEHIND, OR THE SITUATION WHERE THE
DEPENDENTS HAVE LEFT THE RU (WITHOUT THE POLICYHOLDER).  THIS SITUATION
WILL BE FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS'.  THIS FLAG
CAN BE ASSOCIATED WITH ANY ESTABLISHMENT-PERSON-PAIR IN A PARTICULAR RU
WHERE THEY ARE COVERED PERSONS, BUT THE POLICYHOLDER IS IN ANOTHER RU.
THIS FLAG SHOULD NEVER EXIST ON A PAIR IN AN RU WHERE THE POLICYHOLDER OF
THE PAIR IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR WHERE THE
POLICYHOLDER OF THE PAIR WAS ORIGINALLY CREATED AS 'POLICYHOLDER NOT IN
RU/DU' OR 'POLICYHOLDER DECEASED'.
```

LOOP_13

```
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE39 -
END_LP13.

LOOP DEFINITION:

LOOP_13 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE
THROUGH AN ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER OR THE
ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE RU. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE
- THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER/DEPENDENT
  MOVED' AT THE CURRENT ROUND'S INTERVIEW DATE FOR THIS RU
- AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR THIS
  ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE
- POLICYHOLDER IS NOT A CURRENT RU MEMBER
```

OE39

☐ Help Enabled ☑ Comment Enabled ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.REVWCOVR	REVIEW STATUS OF NON RU PLCYHOLDER HI	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {Is/was} anyone in the family, living here {now,} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, SELECT 'INSURANCE ALREADY DISCUSSED.'

YES	1	{OE41}
NO	2	{OE40}
INSURANCE ALREADY DISCUSSED	3	{END_LP13}
Refused	RF	{END_LP13}
Don't Know	DK	{END_LP13}

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Is' IF NOT ROUND 5.  DISPLAY 'Was' IF ROUND 5.

DISPLAY 'today,' AND ' now' IF NOT ROUND 5.  OTHERWISE, USE A
NULL DISPLAY.
```

```
PROGRAMMER NOTES:
IF CODED '3' (INSURANCE ALREADY DISCUSSED), FLAG ITEM FOR
SOURCE CLEAN-UP.
```

OE40

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PLCYMM	NON RU MEMBER PLCYHOLDER HI END-MONTH	2
HOME.PLCYDD	NON RU MEMBER PLCYHOLDER HI END-DAY	2
HOME.PLCYYY	NON RU MEMBER PLCYHOLDER HI END-YEAR	4
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

On what date did this health insurance through (ESTABLISHMENT) end?

_____/_____/_____
MM   DD   YYYY

Refused   RF
Don't Know   DK

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE40OV.

IF ONLY ONE PERSON COVERED AT THE END OF PREVIOUS ROUND, GO TO
LOOP_14.

OTHERWISE, CONTINUE WITH OE41.
```

```
Hard CHECK:
FOR ROUND 5 ONLY:  COMPLETE DATE ENTERED CANNOT BE AFTER 12/31/{YEAR}, WHERE
'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL.  IF A DATE AFTER
12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:  'DATE CANNOT BE
AFTER 12/31/{YEAR}.  IF INSURANCE ENDED AFTER 12/31/{YEAR}, JUMPBACK AND
CHANGE RESPONSE TO OE39.
```

OE40OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PLCYWHOL	NON RU MEMBER PLCYHOLDER HI LAST MONTH	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1
PART OF THE MONTH	2

Refused	RF
Don't Know	DK

```
ROUTING INSTRUCTION:
IF ONLY ONE PERSON COVERED AT THE END OF PREVIOUS ROUND, GO TO
LOOP_14

OTHERWISE, CONTINUE WITH OE41
```

OE41

☐ Help Enabled　　　　　☑ Comment Enabled　　☑ Jump Back Enabled

Variable Name	Label	Size
HOME.PLCYALL	ALL STILL COVERED BY NON RU PLCYHOLDER	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until {{OE40 DATE}/it ended}/on (END-DT)}?

{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERS-PAIR INSURANCE ON PREV RD INTV DT}

YES	1
NO	2

Refused	RF
Don't Know	DK

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Are' IF OE39 IS CODED '1' (YES).
DISPLAY 'Were' IF OE39 IS CODED '2' (NO) OR IF CURRENT ROUND
IS ROUND 5.

DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'. IF THE
MONTH AND DAY FIELD AT OE40 IS CODED 'RF' (REFUSED) OR 'DK'
(DON'T KNOW), DISPLAY 'it ended' FOR 'OE40 DATE'.
```

```
PROGRAMMER NOTES:
IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1' (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS
COVERAGE' THROUGH THE REFERENCE PERIOD END DATE.

IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1' (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS
COVERAGE' THROUGH THE DATE RECORDED AT OE40..
```

```
ROUTING INSTRUCTION:
IF OE41 IS CODED '1' (YES) AND OE39 IS CODED '1' (YES) OR '2'
(NO),
GO TO BOX_31.

OTHERWISE (I.E., OE41 CODED '2' (NO), 'RF' (REFUSED), OR 'DK'
(DON'T KNOW)), CONTINUE WITH OE42.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays persons on the RU-ESTB-PLCYHLDR-CVRD-PERS-
TRPLS-ROSTER for display.
```

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

```
Roster Filter:
1. Person was covered at the previous round's interview date
   by the insurance from this ESTABLISHMENT-PERSON-PAIR
   and
2. Person is an RU member.
```

OE42

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.bw_OE42		
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

- -

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on (END-DT)}?

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

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

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

```
DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF OE39 IS CODED '1' (YES).
DISPLAY 'was' IF OE39 IS CODED '2' (NO) OR IF CURRENT ROUND IS
ROUND 5.

DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'.
IF THE MONTH AND DAY FIELD AT OE40 IS CODED 'RF' (REFUSED) OR
'DK' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE40 DATE'.
```

```
PROGRAMMER NOTES:
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR (OE39 IS CODED '1'  (YES)), FLAG INSURANCE FOR ALL
PERSONS NOT SELECTED AT OE42 AS CONTINUOUS COVERAGE FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END
DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO), FLAG
INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS 'CONTINUOUS
COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE
RECORDED AT OE40.
```

Roster Details

Title: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

Col #	Header	Instructions
1	NAME	Display covered persons' names PERS.FULLNAME

```
Roster Definition:
This item displays the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-
ROSTER for selection.
```
```
Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.
```
```
Roster Filter:
1. Person was covered at the previous round's interview
   date by the insurance from this Establishment-Person-Pair,
   and
2. Person is an RU member
```

LOOP_14

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE43 - END_LP14.

LOOP DEFINITION:  LOOP_14 COLLECTS THE DATE ON WHICH THE INSURANCE
COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE
DATE REPORTED IN OE40. THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.
```

OE43

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

_____/_____/_____
MM   DD   YYYY

Refused   RF
Don't Know   DK

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE43OV.

OTHERWISE, GO TO BOX_30.
```

OE43OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_30}
PART OF MONTH	2	{BOX_30}
Refused	RF	{BOX_30}
Don't Know	DK	{BOX_30}

BOX_30

FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE43 AND OE43OV.

END_LP14

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_14 AND CONTINUE WITH BOX_31.

BOX_31

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42), CONTINUE WITH OE44.

OTHERWISE, GO TO OE47.

OE44

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

Variable Name	Label	Size
HOME.PLCYMORE	OTHERS COVERED BY NON RU PLCYHOLDER	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES	1	{OE45}
NO	2	{OE47}
Refused	RF	{OE47}
Don't Know	DK	{OE47}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

OE45

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2
EPCP.COVRSTOP	PERSON IS NO LONGER COVERD THRU END DATE	2
EPCP.COVREMM	MONTH HEALTH INSURANCE ENDED	2
EPCP.COVREDD	DAY HEALTH INSURANCE ENDED	2
EPCP.COVREYY	YEAR HEALTH INSURANCE ENDED	4
EPCP.ENDMONTH	END COVERAGE: COVER WHOLE/PART OF MONTH	2

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

Who {has been/was} been covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

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

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

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

```
PROGRAMMER NOTES:
WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-
TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE
THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT
LISTED IN RU'.
```

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 one or   │
│    more from the listed members.                            │
│ 2. Add, delete, and edit disallowed.                        │
│ 3. Display 'PERSON NOT LISTED IN RU' as last entry on       │
│    this roster                                              │
├─────────────────────────────────────────────────────────────┤
│ Roster Filter:                                              │
│  Display persons who were not covered by the insurance      │
│    through this Establishment-Person-Pair on the previous   │
│    round's interview date.                                  │
└─────────────────────────────────────────────────────────────┘
```

LOOP_15

```
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
OE46 - END_LP15.

LOOP DEFINITION:  LOOP_15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS
NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON PERSONS SELECTED AT OE45.
```

OE46

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.COVRBMM	MONTH HEALTH INSURANCE BEGAN	2
EPCP.COVRBDD	DAY HEALTH INSURANCE BEGAN	2
EPCP.COVRBYY	YEAR HEALTH INSURANCE BEGAN	4

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

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

_____/_____/_____

MM   DD   YYYY

Refused   RF

Don't Know   DK

```
ROUTING INSTRUCTION:
IF DAY FIELD IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND
MONTH FIELD IS NOT CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
CONTINUE WITH OE46OV.

OTHERWISE, GO TO BOX_32.
```

OE46OV

☐ Help Enabled   ☑ Comment Enabled   ☑ Jump Back Enabled

Variable Name	Label	Size
EPCP.BEGMONTH	BEGIN COVERAGE: COV WHOLE/PART OF MONTH	2

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH	1	{BOX_32}
PART OF THE MONTH	2	{BOX_32}
Refused	RF	{BOX_32}
Don't Know	DK	{BOX_32}

```
Hard CHECK:
EDIT:  COMPLETE DATE AT OE46 MUST BE < THAN COMPLETE DATE AT OE40 IF A DATE
IS RECORDED AT OE40 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS
RECORDED AT OE40.
```

BOX_32

```
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39
IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE46 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH ESTABLISHMENT-PERSON-PAIR
(OE39 IS CODED '2' (NO)) FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE RECORDED AT OE40.
```

END_LP15

```
CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS
THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_15 AND GO TO
END_LP13.
```

OE47

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

Variable Name	Label	Size
HOME.PLCYOUT	POLICY COVERS PERSON NOT IN RU	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45

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

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES	1	{END_LP13}
NO	2	{END_LP13}
Refused	RF	{END_LP13}
Don't Know	DK	{END_LP13}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
DISPLAY INSTRUCTIONS:
DISPLAY 'Does' IF NOT ROUND 5.  DISPLAY 'Between (START DATE)
and (END DATE), did' IF ROUND 5.
```

```
PROGRAMMER NOTES:
IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE45.
```

END_LP13

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_13 AND CONTINUE
WITH BOX_33.

BOX_33

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.