

Health Insurance Detail (HP) Section

Beta

NOTE: FOR 'CATEGORY NAME FROM HX03 OR HX23', DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED '4' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
- 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
- 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR THAT BUSINESS' IF CODED 'RF' OR 'DK' AT HX03

- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED '2' AT HX23
- 'SCHOOL' IF CODED '3' AT HX23
- 'INSURANCE AGENT' IF CODED '4' AT HX23
- 'INSURANCE COMPANY' IF CODED '5' AT HX23
- 'HMO' IF CODED '6' AT HX23
- 'UNION' IF CODED '7' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED '8' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF CODED '9' AT HX23
- 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER' IF CODED '10' AT HX23
- 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23
- 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED INSURANCE' IF CODED 'RF' OR 'DK'

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 LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO LOOP_01

IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM A SCHOOL)), GO TO HP03

IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) AT HX23, CONTINUE WITH HP01

HP01

Help Enabled (HP01Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.INSKIND	KIND OF HI COVERAGE	2

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents, or does it have general health coverage?

GENERAL HEALTH COVERAGE	1	{HP02}
ONLY INJURIES CAUSED BY ACCIDENTS	2	{BOX_11}

Refused	RF	{HP02}
Don't Know	DK	{HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

```

DISPLAY INSTRUCTIONS:
FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT FROM HX23.
IF HX23=91, DISPLAY THE OTHER SPECIFY TEXT.

```

HP02

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.OUTOFSCH	INSUR COVERAGE OUTSIDE SCH CLINIC	2

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

- | | | |
|------------|----|----------|
| YES | 1 | {HP03} |
| NO | 2 | {BOX_11} |
| ----- | | |
| Refused | RF | {HP03} |
| Don't Know | DK | {HP03} |

```

DISPLAY INSTRUCTIONS:
FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT FROM HX23.
IF HX23=91, DISPLAY THE OTHER SPECIFY TEXT.

```

HP03

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.bw_HP03		

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

SELECT 'HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

- HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED 1 {LOOP_01}
- HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED 2 {BOX_11}

```

PROGRAMMER NOTES:
IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG ITEM FOR
SOURCE CLEAN-UP.

DISPLAY 'NOT' IN BOLD FONT IN THE FIRST ANSWER CATEGORY LABEL.

```

LOOP 01

FOR EACH OF THE FOLLOWING:

ESTABLISHMENT 1
ESTABLISHMENT 2
ESTABLISHMENT 3
ESTABLISHMENT 4

ASK BOX_01A-END_LP01

LOOP DEFINITION: LOOP-01 COLLECTS DETAILED INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN EMPLOYER OR THE ESTABLISHMENT NAMES OF THE INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER ONLY ONE LOOP CYCLE IS COMPLETED.

IF LOOPING ON INSURANCE PROVIDED THROUGH AN INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 IS NOT ASKED OR IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), THE LOOP ENDS.

BOX 01A

IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO HP09

OTHERWISE, CONTINUE WITH HP04

HP04

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {(INSURANCE SOURCE)} {from which anyone in the family purchased this insurance/which covers anyone in the family/insurance companies for the insurance purchased from an agent}.

INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

- [Establishment, Street, City]
- [Establishment, Street, City]
- [Establishment, Street, City]

```

DISPLAY INSTRUCTIONS:
DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON CODE '5'
(INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT
HX23.

DISPLAY 'from which anyone in the family purchased this
insurance' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT
HX03 OR CODES '4' (INSURANCE AGENT) OR '12' (UNDER PLAN OF
SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'which covers anyone in the family' IF LOOPING ON CODE
'12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'insurance company for the insurance purchased from an
agent' IF LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR
CODE '4' (INSURANCE AGENT) AT HX23.
    
```

```

PROGRAMMER NOTES:
THE CONTEXT HEADER DISPLAYED ON SCREENS HP04- HP08 DEPENDS ON
THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC
PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY),
CAPI DISPLAYS THE PERSON AND START DATE. IF ASKING ABOUT A
SPECIFIC ESTABLISHMENT, CAPI DISPLAYS THE ESTABLISHMENT AND
START DATE. OTHERWISE, CAPI DISPLAYS THE START DATE. FOR
ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE REFERENCE
PERIOD.

DISPLAY AN "ADD INSURANCE SOURCE" OPTION ON THIS SCREEN.
=====
ROUTING INSTRUCTION:
IF INFORMED CONSENT PARAGRAPH HAS NOT BEEN READ THIS ROUND,
CONTINUE WITH HP04A. OTHER SCREENS CONTAINING INFORMED CONSENT
PARAGRAPH ARE: EM06A, EM12A, EM19A, EM28A, EM41A, EM54A,
EM71A, EM83A, AND EM118A.

OTHERWISE, GO TO BOX_01B.
    
```

Roster Details		
Title:	RU_ESTB_3	
Col #	Header	Instructions
1	ESTABLISHMENT	Display Establishment Name ESTB.ESTBNAME
2	STREET	Display Truncated Street Address ESTB.ESTBSTR1
3	CITY	Display Truncated City ESTB.ESTBCITY

```

Roster Definition:
This item displays RU-ESTABLISHMENT-ROSTERS for display of
private insurance establishments.
=====
Roster Behavior:
1. Select allowed.
2. Multiple select, add, delete, and edit disallowed.
3. Establishments are added by using 'NONE OF THE ABOVE'.
=====
Roster Filter:
Display establishments that are sources of private insurance.
This does not include establishments flagged as 'EMPLOYER' and
'SELF-EMPLOYED' with a Firm-Size-1 that are coming from the
HX03 series.
    
```

HP04A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.EMCONSNT	GENERIC CONSENT SCREEN - EM SECTION	2

In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers, who often provide health insurance, may be contacted as part of a separate study. This separate study will not use any person's name from MEPS, so employers and insurance providers can't identify anyone in your household.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

BOX 01B

```
IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23  
AND IF 'NONE OF THE ABOVE' IS SELECTED, GO TO HP07  
  
IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT LOOPING ON CODE '12' (UNDER  
PLAN OF SOMEONE NOT LIVING HERE) AT HX23, GO TO HP06  
  
OTHERWISE, CONTINUE WITH HP05
```


HP05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
ESTB.bw_HP05		

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY, ST, ZIP}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT	1	{BOX_02}
ADD NEW ADDRESS FOR ESTABLISHMENT	2	{HP06}
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION	3	{HP08}
SELECTED WRONG ESTABLISHMENT/ADDRESS	4	

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

PROGRAMMER NOTES:
IF CODED '4' (SELECTED WRONG ESTABLISHMENT/ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER CAN SELECT THE CORRECT ESTABLISHMENT.

HP06

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
ESTB.ESTBID	ESTB ID KEY: RUNTID + COUNTER(3) + CD	11
ESTB.ESTBRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
ESTB.CREATEQ	QUESTION THAT CREATED ESTB SEGMENT	6
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.ESTBSTR1	ESTABLISHMENT STREET ADDRESS 1	30
ESTB.ESTBSTR2	ESTABLISHMENT STREET ADDRESS 2	30
ESTB.ESTBCITY	ESTABLISHMENT CITY	20
ESTB.ESTBST	ESTABLISHMENT STATE	2
ESTB.ESTBZIP	ESTABLISHMENT ZIP CODE	5
ESTB.ESTBAREA	PHONE: AREA CODE - ESTABLISHMENT	3
ESTB.ESTBEXCH	PHONE: EXCHANGE OF ESTABLISHMENT	3
ESTB.ESTBLOCL	PHONE: LOCAL OF ESTBLISHMENT	4

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

{ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON PURCHASED INSURANCE./ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED INSURANCE.}

Current Info: {ESTABLISHMENT}
 {STREET ADDRESS1}
 {STREET ADDRESS2}
 {CITY}
 {STATE}
 {ZIP CODE}
 {TELEPHONE}

ESTABLISHMENT:_____

STREET ADDRESS1:_____

STREET ADDRESS2:_____

CITY:[] STATE:[] ZIP CODE:[]

TELEPHONE:[]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```
-----  
| DISPLAY INSTRUCTIONS:  
| DISPLAY 'What is the {new} address of (ESTABLISHMENT)?' AND  
| ADDRESS FIELDS HP06_02 THROUGH HP06_07 ONLY IF ROUND 1.  
| OTHERWISE, USE A NULL DISPLAY.  
|  
| DISPLAY 'ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY  
| SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD  
| LOCATION WHERE PERSON PURCHASED INSURANCE.' IF ROUND 1.  
| DISPLAY 'ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED  
| INSURANCE.' IF NOT ROUND 1.  
|  
| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW ADDRESS FOR  
| ESTABLISHMENT). OTHERWISE, USE A NULL DISPLAY.  
|-----  
| PROGRAMMER NOTES:  
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER.  
|  
| SINCE TYPE OF COVERAGE INFORMATION IS NOT COLLECTED UNTIL  
| AFTER WE COLLECT ADDRESS INFORMATION, WE WILL BE COLLECTING  
| ADDRESS INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT BE  
| PART OF THE HIPS SAMPLE.  
|  
| IF CURRENT ROUND IS NOT ROUND 1, AFTER THE ENTRY OF  
| ESTABLISHMENT NAME, DISPLAY THE FOLLOWING MESSAGE: 'ADDRESS  
| INFORMATION NOT NECESSARY. CONTINUE.'  
|-----  
| ROUTING INSTRUCTION:  
| GO TO BOX_02  
|-----
```

HP07

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30

{STR-DT} {END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

**INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
ADDRESS INFORMATION IS NOT NECESSARY.**

ESTABLISHMENT _____ {BOX_02}
NAME:

```

PROGRAMMER NOTES:
ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) OF
HX23 IS ASKED HP07.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER.

RECORD ADDRESS AS 'NOT NECESSARY.'

ROUTING INSTRUCTION:
GO TO BOX_02

```

HP08

Help Enabled (STATE) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
ESTB.ESTBNAME	NAME OF EMPLOYER OR BUSINESS	30
ESTB.ESTBSTR1	ESTABLISHMENT STREET ADDRESS 1	30
ESTB.ESTBSTR2	ESTABLISHMENT STREET ADDRESS 2	30
ESTB.ESTBCITY	ESTABLISHMENT CITY	20
ESTB.ESTBST	ESTABLISHMENT STATE	2
ESTB.ESTBZIP	ESTABLISHMENT ZIP CODE	5
ESTB.ESTBAREA	PHONE: AREA CODE - ESTABLISHMENT	3
ESTB.ESTBEXCH	PHONE: EXCHANGE OF ESTABLISHMENT	3
ESTB.ESTBLOCL	PHONE: LOCAL OF ESTBLISHMENT	4
ESTB.TYPEFLAG	TYPE OF ESTABLISHMENT	2
TRNS.TRNSID	TRNS ID KEY: RUNTID + TRANSACTION NUMBER	12
TRNS.TRNSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
TRNS.CREATEQ	QUESTION THAT CREATED TRNS SEGMENT	2
TRNS.TRNSSEG	SEGMENT NAME OF RECORD BEING UPDATED	4
TRNS.TRNSDATE	TRANSACTION DATE	8
TRNS.TRNSVAR	NAME OF VARIABLE BEING UPDATED	8
TRNS.TRNSKEY	KEY OF RECORD BEING UPDATED	40
TRNS.OLDTRNS	OLD VALUE OF VARIABLE BEING UPDATED	45
TRNS.NEWTRNS	NEW VALUE OF VARIABLE BEING UPDATED	45
TRNS.WHOTRNS	ID OF INTERVIEWER INITIATING TRANSACTION	4

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

CORRECT ADDRESS OR TELEPHONE FOR: (ESTABLISHMENT)

CONFIRM ENTRY OF INDIVIDUAL FIELD. RE-TYPE ENTIRE LINE FOR INCORRECT FIELD.

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Current Info: {ESTABLISHMENT}
 {STREET ADDRESS1}
 {STREET ADDRESS2}
 {CITY}
 {STATE}
 {ZIP CODE}
 {TELEPHONE}

ESTABLISHMENT:_____

STREET ADDRESS1:_____

STREET ADDRESS2:_____

CITY:[] STATE:[] ZIP CODE:[]

TELEPHONE:[]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

BOX 02

```
IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS 'GROUP'.
IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS 'UNION'.
IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.
IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN
AGENT'.
IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'.
IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.
IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER,
NOT COBRA'.
IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS 'COBRA'.
IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-COLLECTED
AT OTHER'.

IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS 'GROUP'.
IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.
IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS 'SCHOOL'.
IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM
AN AGENT'.
IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'.
IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS 'HMO'.
IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS 'UNION'.
IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS 'COBRA'.
IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER,
NOT COBRA'.
IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS 'SPOUSE PREVIOUS EMPLOYER'.
IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS 'EMPLOYER'.
IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-OUTSIDE RU'.
IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE - COLLECTED
AT OTHER'.
```

BOX 03

```
IF LOOPING ON AN HX23 CATEGORY, GO TO HP11
OTHERWISE, CONTINUE WITH HP09
```

HP09

Help Enabled (POLICYHOLDER) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.PLCYHOLD	IS PERSON PRIMARY INSURED PERSON	2

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

{{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured person or policyholder of this health coverage through (ESTABLISHMENT)?

YES	1	{LOOP_02}
NO	2	{HP10}
Refused	RF	{HP10}
Don't Know	DK	{HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```

|-----|
| DISPLAY INSTRUCTIONS: |
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'As of (END DATE), |
| was' IF ROUND 5. |
|-----|
| PROGRAMMER NOTES: |
| PERSON REFERS TO JOBHOLDER. |
|-----|
| IF CODED '1' (YES), FLAG JOBHOLDER AS 'POLICYHOLDER'. |
|-----|
  
```

HP10

Help Enabled (POLICYHOLDER) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.ONLIST	FLAG PERSON AS PRIMARY INSURED PERS	2

{NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

Who {is/was} the primary insured person or policyholder of this health coverage through (ESTABLISHMENT){ on (END DATE)}?

{JOBHOLDER/EMPLOYER-PAIR}
{JOBHOLDER/EMPLOYER-PAIR}
{JOBHOLDER/EMPLOYER-PAIR}

JOBHOLDER/EMPLOYER IS LISTED	1	{END_LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED	2	{END_LP01}
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```

DISPLAY INSTRUCTIONS:
Display 'is' IF NOT ROUND 5.  DISPLAY 'was' IF ROUND 5.

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

PROGRAMMER NOTES:
IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW), FLAG
FOR EVENT CLEANUP.

```

Roster Details

Title: RU_Estb_Pers_pairs_2

Col #	Header	Instructions
1	JOBHOLDER/EMPLOYER PAIR	Display RU member's first, middle, and last name/Establishment name PERS.FULLNAME/ESTB.ESTBNAME


```

|-----|
| Roster Definition:
| This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
| display of Employer/Jobholder pairs.
|-----|
| Roster Behavior:
| 1. Display only.
| 2. Select, add, delete, and edit disallowed.
|-----|
| Roster Filter:
| Display all pairs on the RU-Establishment-Person-Pairs roster
| that meet both of the following conditions:
| 1. Establishment is flagged as an 'EMPLOYER' that is
|    also flagged as 'PROVIDES HEALTH INSURANCE'
|    and
| 2. Person is a jobholder at the job provided by establishment.
|-----|

```

HP11

Help Enabled (POLICYHOLDER) 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.PLCYHOLD	IS PERSON PRIMARY INSURED PERSON	2
EPRS.ORIGRND	ORIGINAL ROUND INSURANCE FLAG	2
EPRS.PRIVINS	PURCHASE SOURCE FOR HEALTH INSURANCE	2
EPRS.PRIVINOS	PURCHASE SOURCE FOR HEALTH INSURANCE OS	25
EPRS.DUPERSID	PERSID FOR WHO IS THE ACTUAL PLCYHOLDER	8

{NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

Who {is/was} the primary insured person or policyholder of this health coverage through (ESTABLISHMENT) {on (END DATE)}?

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

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

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

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```

DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF ROUND 5.

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

DISPLAY A "POLICYHOLDER NOT LISTED IN DU" AND "POLICYHOLDER
DECEASED" OPTION ON THIS SCREEN.
-----
ROUTING INSTRUCTION:
IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND 'POLICYHOLDER
DECEASED' ARE NOT SELECTED, GO TO LOOP_02

IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN COMBINATION
WITH OTHER NAMES EXCEPT 'POLICYHOLDER NOT LISTED IN DU', GO TO
HP11B

IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE OR IN
COMBINATION WITH OTHER NAMES AND/OR 'POLICYHOLDER DECEASED',
CONTINUE WITH HP11A
    
```

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 DU-MEMBERS-ROSTER for selection.
|
-----
| Roster Behavior:
| 1. Multiple select allowed.
| 2. Add, delete, and edit disallowed.
|
-----
| Roster Filter:
| No filter; display all DU members.
|
-----

```

HP11A

Help Enabled (POLICYHOLDER) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.NONRUNAM	SPECIFY NAME/DESCR OF NON-RU PLCY HOLDER	15

{NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO IS NOT IN THE DU:

POLICYHOLDER: _____

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```

PROGRAMMER NOTES:
WHENEVER THIS POLICYHOLDER IS BEING ASKED ABOUT IN THE
REMAINDER OF HP, HQ, HX, AND OE, THE POLICYHOLDER NAME IN THE
CONTEXT HEADER WILL BE DISPLAYED AS 'PLCYHLDR NOT IN DU-'
FOLLOWED BY THE 15 CHARACTER ENTRY AT HP11A.
=====
ROUTING INSTRUCTION:
IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, CONTINUE WITH
HP11B

OTHERWISE, GO TO LOOP_02

```

HP11B

Help Enabled (POLICYHOLDER) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.DECEANAM	ENER NAME/DESCR OF DECEASED PLCY HOLDER	40

{NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

POLICYHOLDER: _____ {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

PROGRAMMER NOTES:
FLAG POLICYHOLDER AS 'DECEASED'.

WHENEVER THE POLICYHOLDER IS BEING ASKED ABOUT IN THE
REMAINDER OF HP, HQ, HX, AND OE, THE POLICYHOLDER NAME IN THE
CONTEXT HEADER WILL BE DISPLAYED AS 'PLCYHLDR DECEASED-'
FOLLOWED BY THE FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.

LOOP 02

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04-
END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ABOUT THE POLICYHOLDER AND
DEPENDENTS FOR EACH ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH
ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11 DURING THE CURRENT
ROUND FOR THE ESTABLISHMENT BEING CYCLED ON IN LOOP_01.

BOX 04

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH
INSURANCE', GO TO BOX_07

OTHERWISE, CONTINUE WITH BOX_05

BOX 05

IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA), '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) CONTINUE WITH BOX_06

OTHERWISE, GO TO BOX_07

BOX 06

IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI AND GO TO HP13

IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO BOX_07

OTHERWISE, CONTINUE WITH HP12

HP12

Help Enabled (HP12Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.EMPLSTAT	POLICYHOLDER EMPLOYMENT STATUS	2

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

(Are/Is) (POLICYHOLDER) currently employed at this job, retired from this job, previously employed at this job, or is it some other situation?

CURRENTLY EMPLOYED	1	{HP13}
RETIRED	2	{HP13}
PREVIOUSLY EMPLOYED	3	{HP13}
DECEASED	4	{HP13}
OTHER	91	{HP12OV}

Refused	RF	{HP13}
Don't Know	DK	{HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

PROGRAMMER NOTES:
IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS 'DECEASED'.

Hard CHECK:
CODE '4' (DECEASED) CANNOT BE SELECTED FOR A POLICYHOLDER WHO IS A CURRENT RU MEMBER.

HP12OV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.EMPLSTOS	PLCYHOLD EMPL STATUS OTH SPECIFY	25

OTHER SPECIFY: _____ {HP13}

Refused	RF	{HP13}
Don't Know	DK	{HP13}

HP13

Help Enabled ([HP13Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.FEEMPL	IS POLICYHOLDER FED GOVT EMPLOYEE	2

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

 {(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government employee at this job?

- | | | |
|------------|----|----------|
| YES | 1 | {BOX_07} |
| NO | 2 | {BOX_07} |
| <hr/> | | |
| Refused | RF | {BOX_07} |
| Don't Know | DK | {BOX_07} |

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

```

DISPLAY INSTRUCTIONS:
DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY EMPLOYED).
OTHERWISE, DISPLAY '(Were/Was)'.
    
```

BOX 07

IF ESTABLISHMENT THAT PROVIDES INSURANCE IS FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', 'CURRENT MISCELLANEOUS
JOB WITHIN REFERENCE PERIOD', OR 'RETIREMENT JOB' , OR 'UNION'

OR

'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN', 'FORMER MISCELLANEOUS' OR
'LAST JOB OUTSIDE REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT
RETIRED FROM'

OR

'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE '8'; HX23-CODE '9')

OR

'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT CODED '1' (CURRENTLY
EMPLOYED)

OR

'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')

OR

'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')

OR

'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23- CODE '91'),
CONTINUE WITH HP14

OTHERWISE, GO TO HP15

HP14

Help Enabled (COBRA) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.COBRAINS	IS ESTB INS A COBRA PLAN	2

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

Some employer insurance can be continued after leaving the company by continuing to pay the premium. This is sometimes referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)'s (ESTABLISHMENT) insurance like that {on (END DATE)}?

YES	1	{HP15}
NO	2	{HP15}
Refused	RF	{HP15}
Don't Know	DK	{HP15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

```

DISPLAY INSTRUCTIONS:
DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5.

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

HP15

Help Enabled (DEPENDENT) Comment Enabled Jump Back Enabled

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

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

Was anyone {living here} covered as a dependent under (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) at any time {since (START DATE)/between (START DATE) and (END DATE)}?

- | | | |
|------------|----|--------|
| YES | 1 | {HP16} |
| NO | 2 | {HP17} |
| Refused | RF | {HP17} |
| Don't Know | DK | {HP17} |

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```

DISPLAY INSTRUCTIONS:
DISPLAY 'living here' IF LOOPING ON CODE '12' (OUTSIDE RU) AT
HX23.

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



```

|-----|
| Roster Definition:
| This item displays RU-MEMBERS-ROSTER for selection of RU-
| members.
|-----|
| Roster Behavior:
| 1. Multiple select allowed.
| 2. Add, delete, and edit disallowed.
|-----|
| Roster Filter:
| Display all persons on the RU-MEMBERS-ROSTER excluding the
| person who is the policyholder for this insurance; that is,
| do not display the name of person in the establishment-person-
| pair being asked about.
|
| Display 'PERSON NOT LISTED IN RU' as last item on roster.
|-----|

```

HP17

- Help Enabled (DEPENDENT) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.COVR0UT	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_08}
NO	2	{BOX_08}
Refused	RF	{BOX_08}
Don't Know	DK	{BOX_08}

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 HP16.

```

BOX 08

```

IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO ARE CURRENT RU MEMBERS,
THAT IS, POLICYHOLDER IS A DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS
FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER DECEASED' AND INSURANCE
ALSO FLAGGED ONLY AS 'COVERING PERSON NOT IN RU', GO TO END_LP02.

OTHERWISE, CONTINUE WITH LOOP_03.

```

LOOP 03

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK
BOX_09-END_LP03.

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE FOR ALL CURRENT RU
MEMBERS COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.
THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE SELECTED AS DEPENDENTS AT
HP16 AND THE RU MEMBER WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS
INSURANCE.

BOX 09

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.

AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) SECTION, CONTINUE WITH
END_LP03.

END LP03

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_03 AND CONTINUE
WITH END_LP02

END LP02

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE
WITH BOX_10

BOX 10

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH
INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO
END_LP01

OTHERWISE, CONTINUE WITH HP18

HP18

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_HP18		

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (a/an) (INSURANCE SOURCE)?

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

END LP01

IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT ESTABLISHMENT NAME.
IF HP18 IS NOT ASKED OR IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), END LOOP_01 AND CONTINUE WITH BOX_11.

BOX 11

RETURN TO THE HEALTH INSURANCE (HX) SECTION.
