
Beta

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

BOX 01

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS MEDICARE AND - PERSON WAS COVERED BY MEDICARE DURING THE PREVIOUS ROUND, CONTINUE WITH LOOP_01 OTHERWISE, GO TO BOX_02

LOOP 01

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK PR01A -END_LP01 LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS MEDICARE AND - PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING THE PREVIOUS ROUND

<u>PR01A</u>

□ 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.NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	2
EPRS.MCARELST	MEDICARE INSUR LISTED ON THIS CARD	2
EPRS.MCAREHMO	MEDICARE: PERSON SIGNED WITH HMO	2
EPRS.PROGDR	PRIV PLAN REQUIRES SIGNING W/PHYS, GROUP	2
EPRS.MCARENAM	NAME OF MEDICARE HMO	25
EPRS.MCARE	PERSON IS COVERED BY MEDICARE	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

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

{PLAN NAME: {NAME OF PREV RD'S MEDICARE INSURER FOR ESTABLISHMENT-PERSON}}

During the last interview, it was record that (PERSON) (were/was) enrolled in Medicare. We would like to update information about the (PERSON)'s Medicare coverage.

{Since (START DATE)/{Between (START DATE) and (END DATE)}, {(have/has)/(were/was) (PERSON) {been} covered by the new

Medicareprescribed drug coverage (also called Part D)?

YES	1	{BOX_01B}
NO	2	{BOX_01B}
Refused	 RF	{BOX 01B}
Don't Know	DK	{BOX_01B}

DISPLAY INSTRUCTIONS: DISPLAY 'At any time since (START DATE)' AND '(have/has)' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE)' AND '(were/was)' IF ROUND 5. DISPLAY 'been' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

Beta

ROUTING INSTRUCTION: IF CODED '1' (YES) AND STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PR02 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR03 IF CODED '1' (YES) AND STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PR02

BOX 01B

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NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS ARE ALASKA, ARKANSAS, DELAWARE, MAINE, MISSISSIPPI, MONTANA, VERMONT, AND WYOMING IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PRO2 AND PRO3 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO END_LPO1. IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PRO2 ✓ Help Enabled

Comment Enabled Jump Back Enabled

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

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

SHOW CARD PR-1.

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

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

YES NO	1 2	{PR02OV} {PR03}
Refused	RF	{PR03}
Don't Know	DK	{PR03}
HELP AVAILABLE FOR DEFINITION OF		IANAGED CAR

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

PR02OV

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□ Help Enabled

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

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

CODE LETTER OF PLAN FROM SHOW CARD.

PLAN LETTER: _____ {END_LP01}

	PROGRAMMER NOTES: WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}' WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN
I	IN THE MESSAGE FOR 'DISPLAY PLAN NAME SELECTED' DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THAT STATE.
 	FLAG INSURER CODED ABOVE AS 'CURRENT RD'S MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON-PAIR.

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

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

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

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

YES	1	{PR04}
NO	2	{END_LP01}
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

DISPLAY INSTRUCTIONS: | DISPLAY 'are/is (PERSON) currently' IF NOT ROUND 5. DISPLAY 'BETWEEN (START DATE) and (END DATE), (were/was)(PERSON)' IF 1 1 ROUND 5. 1

□ Help Enabled

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

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

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

PLAN NAME:		{END_LP01}
Refused Don't Know	RF DK	{END_LP01} {END_LP01}
PROGRAMMER NOTES: FLAG INSURER CODED ABOVE AS 'CURRENT RD'S FOR THIS ESTABLISHMENT-PERSON-PAIR.	MEDICARE INS	URER'

END LP01

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_02

BOX 02

IF ANY RU MEMBER HAD MEDICAID/SCHIP AS A SOURCE OF INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR07

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

OTHERWISE, GO TO BOX 05

□ Help Enabled

Variable Name	Label	Size
HOME.CONFMCAI	CONFIRM IF ALL STILL COVERED BY MEDCAID	2

{STR-DT} {END-DT}

| | | During the last interview, we recorded that (**READ NAME(S) BELOW**) (was/were) covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}.

Have all of these people been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since (START DATE)/ between (START DATE) AND (END DATE)}?

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

l	YES, ALL NO, ONLY SOME NO, NONE	1 2 3	{BOX_03} {PR08}
	Refused Don't Know	RF DK	{BOX_05} {BOX_05}
DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE TO DISPLAY, SEE BOX ON HX06.			
DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06.			
	'since (START DATE)' IF NOT ROUND 5. n (START DATE) AND (END DATE)' IF ROUNI		

Beta

PROGRAMMER NOTES: IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.' IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY MEDICAID SCHIP DURING CURRENT ROUND.' ROUTING INSTRUCTION: IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07, GO TO PR09 IF CODED '3' (NO, NONE) AND | IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07, GO TO BOX_05 L _ _ _ _ _ _

Roster Details				
Title:	le: RU_ESTB_PERS_PAIRS_1			
Col #	Header	Instructions		
1	NAME Display RU member's first, middle, and last names PERS.FULLNAME			
1 2	Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.			
	Roster Behavior: 1. Display only.			
2	2. Select, add, delete, and edit disallowed.			
	Roster Filter: 1. Person is an R during the pr	U member flagged as covered by Medicaid evious round.	 	

□ Help Enabled

Comment Enabled Jump Back Enabled

Size
20
2
6
2
28
2
2

{STR-DT} {END-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} { since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

{BOX_03}

DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY BY STATE, SEE BOX ON HX06. | DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING | THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) AND (END DATE)' IF ROUND 5. PROGRAMMER NOTES: | FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.' FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.'

Roster Details				
Title:	RU_ESTB_PERS	S_PAIRS_1		
Col #	Header	Instructions		
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME		
Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for selection of RU-members.				
Roster Behavior: 1. Multiple select allowed.				

L_____

1. Display only those RU members who are covered by

at any time during the previous round.

BOX 03

1

IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP 02

OTHERWISE, CONTINUE WITH PR09

Roster Filter:

Medicaid/SCHIP

1 2. Add, delete, and edit disallowed.

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Help Enabled (MEDICAT)

Variable Name	Label	Size
HOME.MOREMCAI	ANY ADDITIONAL MEMS COVERED BY MEDICAID?	2

{STR-DT} {END-DT}

Besides the family members we've just talked about, have any additional family members been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/ between (START DATE) AND (END DATE)}?

YES NO	1 2	{PR10}
Refused	RF	
Don't Know	DK	

HELP AVAILABLE FOR DEFINITION OF MEDICAID.

DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIN CONDUCTED USES THE NAME 'Medicaid'. DISPLAY MEDICAID' (SUBSTITUTING THE STATE NAME FOR TH STATE IN WHICH INTERVIEW IS BEING CONDUCTED NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'O NAME' UNDER ALL CONDITIONS SUBSTITUTING THE IN FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BOX ON HX06. DISPLAY 'Since (START DATE)' IF NOT ROUND 5. (START DATE) AND (END DATE) ' IF ROUND 5.	'STATE NAME FOR HE PROGRAM) IF THE DOES NOT USE THE PROGRAM NAME TO OF STATE CHIP REAL STATE NAME AY BY STATE, SEE
ROUTING INSTRUCTION: IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (I LEAST ONE RU MEMBER IS FLAGGED AS 'COVERED B' DURING CURRENT ROUND,' GO TO LOOP_02	
IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (RU MEMBERS ARE FLAGGED AS 'COVERED BY MEDICA CURRENT ROUND,' GO TO BOX_05	

□ Help Enabled

Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

{LOOP_02}

DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'or STATE CHIP | NAME' UNDER ALL CONDITIONS SUBSTITUTING THE REAL STATE NAME | FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'Since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) AND (END DATE)' IF ROUND 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID/SCHIP' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT 1 COVERED BY MEDICAID/SCHIP' DURING CURRENT ROUND.

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. 2. Add, delete, and edit disallowed.					
-	Roster Filter: L. RU members not f during the prev	lagged as covered by Medicaid/SCHIP rious round.			

LOOP 02

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04 -END_LP02 LOOP DEFINITION: LOOP_02 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS MEDICAID/SCHIP AND - PERSON IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND

BOX 04

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

END LP02

PR11

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP 02 AND CONTINUE WITH Help Enabled (MEDICAT)

Variable Name	Label	Size
HOME.PROGDR	MEDICAID/GOVT PROG REQUIRE SIGNING W/DR	2
HOME.HMOSIGND	MEDICAID/GOVT PROG REQUIRE SIGNING W/HMO	2
HOME.MCAIDCHG	CHANGE IN HI PLAN NAME HAD THRU MEDICAID	2
HOME.PROGLETT	PLAN LETTER OF MEDICAID/GOVT INSURANCE	4
HOME.PROGNAME	PROGRAM HMO/INSURANCE NAME	25
HOME.PROGLIST	NAME OF HI FROM MEDICAID/GOVT IS LISTED	2

{STR-DT} {END-DT}

{**PLAN NAME:** {NAME OF PREV RD'S MEDICAID/SCHIP INSURER FOR RU}}

{Last time we recorded that (**READ NAME(S) BELOW**) may be covered by (PLAN NAME).}

{Since (START DATE)/between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?

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

YES	1	
NO	2	{BOX_05}
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}

HELP AVAILABLE FOR A DEFINITION OF MEDICAID.

_ _ _ _ _ _ _ _ _ DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME: {NAME OF PREV RD'S MEDICAID/SCHIP INSURER FOR RU}' AND 'LAST TIME (PLAN NAME).' IF THERE IS AN 1 INSURER ASSOCIATED WITH MEDICAID/SCHIP IN THE PREVIOUS ROUND. FOR 'NAME OF PREV RD'S MEDICAID/SCHIP INSURER FOR RU', DISPLAY THE INSURER RECORDED FOR MEDICAID/SCHIP DURING THE PREVIOUS ROUND. 1 | DISPLAY 'Since (START DATE)' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5. DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO | DISPLAY BY STATE, SEE BOX ON HX06. | DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. PROGRAMMER NOTES: IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG PREVIOUS ROUND'S INSURER AS 'CURRENT RD'S MEDICAID/SCHIP 1 INSURER' 1 NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS ARE ALASKA, MISSISSIPPI, NEW HAMPSHIRE, AND WYOMING. ROUTING INSTRUCTION: IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID/SCHIP MANAGED CARE 1 PLAN, CODE PR12 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR13 IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICAID/SCHIP MANAGED CARE PLAN, CONTINUE WITH PR12 L _ _ _ _ _ _ _ _ _ _ .

Roster Details				
Title:	RU_ESTB_PERS_PAIRS_1			
Col #	Header	Instructions		
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME		
Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.				
	Roster Behavior: .Display only.			

Old Public Related Insurance (PR) Section Beta

□ Help Enabled

Comment Enabled Jump Back Enabled

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

SHOW CARD PR-2.

_ __ __ .

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

Is the name of the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {, between (START DATE) and (END DATE)} listed on this card?

YES NO	1 2	{PR12OV} {PR13}
Refused	RF	{PR13}
Don't Know	DK	{PR13}

DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY ', between (START DATE) and (END DATE), IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

<u>PR12OV</u>

□ Help Enabled

Comment Enabled Jump Back Enabled

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

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

CODE LETTER OF PLAN FROM SHOW CARD.

PLAN LETTER: {BOX 05} _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ - - - - - -DISPLAY INSTRUCTIONS: | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY BY STATE, SEE BOX ON HX06. | DISPLAY 'or STATE CHIP NAME' UNDERS ALL CONDITIONS | SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. PROGRAMMER NOTES: WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY SELECTED: {DISPLAY PLAN NUM SELECTED}.' WHEN INTERVIEWER CLEARS THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. FOR 'DISPLAY PLAN NAME SELECTED' IN THIS MESSAGE, DISPLAY THE | PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE. FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR MEDICAID/SCHIP.'

✓ Help Enabled (НМО)

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

{STR-DT} {END-DT}

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

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

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

YES, ALL ARE	1	{PR15}
YES, SOME ARE	2	{PR15}
NO, NONE ARE	3	{PR14}
Refused	RF	{PR14}
Don't Know	DK	{PR14}

HELP AVAILABLE FOR DEFINITION OF HMO.

DISPLAY INSTRUCTIONS: | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'or STATE CHIP | NAME" UNDER ALL CONDITIONS SUBSTITUTING THE REAL STATE NAME | FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY '(were/was)' IF ROUND 5. T DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

Title:	RU_ESTB_PERS	Roster Details
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
Γ	oster Definition: his item displays isplay of RU-memb	RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
1	oster Behavior: . Display only . Select, add, de	lete, and edit disallowed.
1		1

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

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

{STR-DT} {END-DT}

{Does /Between (START DATE) and (END DATE), did} {Medicaid/{STATE} NAME FOR MEDICAID} or {STATE CHIP NAME} require (READ NAME(S)) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

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

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

YES, ALL REQUIRED	1	{PR15}
YES, SOME REQUIRED	2	{PR15}
NO, NONE REQUIRED	3	{BOX_05}
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}

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

DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06. | DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDTITIONS | SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06. DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) 1 AND (END DATE), did' IF ROUND 5.

Beta

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PROGRAMMER NOTES: IF CODED '3' (NO, NONE REQUIRED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT POUND FOR MEDICALD (SCUID ROUND FOR MEDICAID/SCHIP.

		Roster Details
Title:	RU_ESTB_PERS	_PAIRS_1
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
T	Roster Definition: This item displays Display of RU-memb	RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
1	Roster Behavior: Display only. 2. Select, add, de	lete, and edit disallowed.
D		RU members who are covered by ing the current round.

□ Help Enabled

Mariah la Nama		0:
Variable Name	Label	Size
HOME.PROGNAME	PROGRAM HMO/INSURANCE NAME	25

{STR-DT} {END-DT}

What is the name of the {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {HMO/health insurance}?

PLAN NAME:		{BOX_05}
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}
DISPLAY INSTRUCTIONS: DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIE CONDUCTED USES THE NAME 'Medicaid'. DISPLAY MEDICAID' (SUBSTITUTING THE STATE NAME FOR TH STATE IN WHICH INTERVIEW IS BEING CONDUCTED D NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID P DISPLAY BY STATE, SEE BOX ON HX06. DISPLAY 'o NAME' UNDER ALL CONDITIONS SUBSTITUTING THE R FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLA BOX ON HX06.	STATE NA E PROGRAN OES NOT U ROGRAM NA r STATE (EAL STAT	AME FOR M) IF THE JSE THE AME TO CHIP E NAME
DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR1 (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRE ====================================	4 IS COD	
PROGRAMMER NOTES: FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER'.	MEDICAID,	/SCHIP

BOX 05

IF ANY RU MEMBER HAD TRICARE/CHAMPVA AS A SOURCE OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH PR19

OTHERWISE, GO TO BOX_08

✓ Help Enabled (CHAMPTRI)

Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

During the last interview, we recorded that **(READ NAME(S) BELOW)** (was/were) covered by TRICARE or CHAMPVA.

Have all of these people been covered by TRICARE or CHAMPVA at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

YES, ALL	1	{PR19A}
NO, ONLY SOME	2	{PR19A}
NO, NONE	3	
Refused	RF	{BOX_08}
Don't Know	DK	{BOX_08}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

DISPLAY INSTRUCTIONS:	
DISPLAY 'since (START DATE)' IF ROUND IS NOT 5.	
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND IS 5.	
PROGRAMMER NOTES: IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.'	

ROUTING INSTRUCTION: IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19, GO TO PR21 IF CODED '3' (NO, NONE), AND | IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19, GO TO BOX 08 L _ _ _ _ _

1 2. Select, add, delete, and edit disallowed.

Display only those RU members who are covered by TRICARE/CHAMPVA during the previous round.

Roster Behavior:

1. Display only.

Roster Filter:

1

1

		Roster Details
Title:	RU_ESTB_PER	S_PAIRS_1
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
, T	coster Definition his item display lisplay of RU-mem = = = = = = = = = =	s RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for

<u>PR19A</u>

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PR19ABLSWVS		
HOME.CHAMPVA		
HOME.TRIEXTRA	SOMEONE IN RU HAS TRICARE EXTRA	2
HOME.TRIPRIME	SOMEONE IN RU HAS TRICARE PRIME	2
HOME.TRISTAND	SOMEONE IN RU HAS TRICARE STANDARD	2
HOME.TRILIFE	HX12A/PR19A/21A MEMBER HAS TRICARE(LIFE)	2

{STR-DT} {END-DT}

Which plan is it? Is it ...

INTERVIEWER:

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

CHECK ALL THAT APPLY.

TRICARE Standard;	1
TRICARE Prime;	2
TRICARE Extra;	3
TRICARE for Life; or	4
CHAMPVA?	5
Refused	RF
Don't Know	DK

ROUTING INSTRUCTION: IF PR19 IS CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.' THEN GO TO BOX_06 IF PR19 IS CODED '2' (NO, ONLY SOME), CONTINUE WITH PR20 □ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR20		
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.CHAMP	PERSON COVERED BY CHAMPUS/CHAMPVA	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since (START DATE)/ between (START DATE) and (END DATE)}?

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

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

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

{BOX_06}

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE) IF ROUND 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA' DURING CURRENT ROUND.

Roster Details		
Title:	RU_ESTB_PERS	S_PAIRS_1
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

Beta

BOX 06

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR19), GO TO LOOP_03

OTHERWISE, CONTINUE WITH PR21

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

Variable Name	Label	Size
HOME.MORECHAM	MORE COVERED: CHAMPUS/CHAMPVA/TRICARE	2
{STR-DT} {END-D1		

Besides the family members we've just talked about, have any additional family members been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

YES NO	1 2	{PR21A}
Refused	RF	
Don't Know	DK	

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
ROUTING INSTRUCTION: IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO LOOP_03
IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08

<u>PR21A</u>

□ Help Enabled

Variable Name	Label	Size
HOME.PR21ABLSWVS		
HOME.CHAMPVA		
HOME.TRIEXTRA	SOMEONE IN RU HAS TRICARE EXTRA	2
HOME.TRIPRIME	SOMEONE IN RU HAS TRICARE PRIME	2
HOME.TRISTAND	SOMEONE IN RU HAS TRICARE STANDARD	2
HOME.TRILIFE	HX12A/PR19A/21A MEMBER HAS TRICARE(LIFE)	2

{STR-DT} {END-DT}

Which plan is it? Is it ...

INTERVIEWER:

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

CHECK ALL THAT APPLY.

TRICARE Standard;	1	{PR22}
TRICARE Prime;	2	{PR22}
TRICARE Extra;	3	{PR22}
TRICARE for Life; or	4	{PR22}
CHAMPVA?	5	{PR22}
Refused	RF	{PR22}
Don't Know	DK	{PR22}

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR22		
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.CHAMP	PERSON COVERED BY CHAMPUS/CHAMPVA	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

{LOOP_03}

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF ROUND IS NOT 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND IS 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA' DURING CURRENT ROUND.

		Roster Details
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

Beta

```
_ _ _ _ _ _ _ _ _ _ _
— — -
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:
1
Display only those RU members who are covered by
1
TRICARE/CHAMPVA during the previous round.
```

LOOP 03

```
FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_07 -
END_LP03
LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU
MEMBERS COVERED BY TRICARE/CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-
PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS TRICARE/CHAMPVA
AND
- PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT ROUND
```

BOX 07

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END LP03

END LP03

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH BOX_08

BOX 08

IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

✓ Help Enabled (INSTYPES)

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

{STR-DT} {END-DT}

During the last interview, we recorded that (**READ NAME(S) BELOW**) (was/were) covered by a program sponsored by a state or local government agency which provided hospital and physician benefits.

Have all of these people been covered by a program sponsored by a state or local government agency at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

YES, ALL NO, ONLY SOME NO, NONE	1 2 3	{BOX_09} {PR24}
Refused	RF	{BOX_11}
Don't Know	DK	{BOX_11}

HELP AVAILABLE FOR DEFINITION OF THIS TYPE OF PROGRAM.

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

Beta

PROGRAMMER NOTES: IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. ROUTING INSTRUCTION: IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23, GO TO PR25 1 | IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, GO TO BOX 11

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ .

Roster Details Title: RU ESTB PERS PAIRS 1					
Col #	Header	Instructions			
1	NAME Display RU member's first, middle, and last names PERS.FULLNAME				
	Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.				
I	Roster Behavior: 1. Display only. 2. Select, add, delete, and edit disallowed.				
I .		RU members and persons who are flagged as ospital/Physician during the previous round.			

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR24		
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.GOVTPROG	PERSON IS COVERED BY GOVT PROGRAM	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/ between (START DATE) and (END DATE)}?

[First Name, [Middle Name], Last Name] [First Name, [Middle Name], Last Name] [First Name, [Middle Name], Last Name] {BOX_09}

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
 	Roster Definition: This item displays selection of RU-men	RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
- 	Roster Behavior: 1. Multiple select 2. Add, delete, and	
- 		RU members who are covered by ician during the previous round.

BOX 09

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04

OTHERWISE, CONTINUE WITH PR25

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□ Help Enabled

Variable Name		Label	Size
HOME.MOREGOVT	MORE COVERED: GOVT PROGRAM		2
{STR-DT} {END-D	T}		

Besides the family members we've just talked about, have any additional family members been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

	YES NO	1 2	{PR26}
	Refused Don't Know	RF DK	
DISPLA	AY INSTRUCTIONS: AY 'since (START DATE)' IF NOT ROUND 5. AY 'between (START DATE) and (END DATE)'	IF ROUND	5.
IF COL LEAST	IG INSTRUCTION: DED `2' (NO), `RF' (REFUSED) OR `DK' (DON ONE RU MEMBER FLAGGED AS `COVERED BY GOV TAL/PHYSICIAN' DURING CURRENT ROUND,' GO	Τ-	1
RU MEM	DED `2' (NO), `RF' (REFUSED) OR `DK' (DON MBERS FLAGGED AS `COVERED BY GOVT-HOSPITA G CURRENT ROUND, GO TO BOX_11		1

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR26		
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.GOVTPROG	PERSON IS COVERED BY GOVT PROGRAM	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

{LOOP_04}

		Roster Details
Title:	RU_Members_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.
2. Add, delete, and edit disallowed.
Roster Filter:
Display only those RU members who are not flagged as covered
by GOVT-Hospital/Physician at any time during the previous
round.
```

_ _ _ _ _

LOOP 04

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- PAIRS-ROSTER, ASK BOX_10 - END_LP04 LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN AND - PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

<u>BOX 10</u>

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP04

END LP04

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH PR27 Help Enabled (INSTYPES)

Variable Name	Label	Size
HOME.GOVTCHNG	CHANGE IN HI PLAN NAME THRU GOVT AGENCY	2
HOME.PROGLETT	PLAN LETTER OF MEDICAID/GOVT INSURANCE	4
HOME.PROGNAME	PROGRAM HMO/INSURANCE NAME	25
HOME.PROGLIST	NAME OF HI FROM MEDICAID/GOVT IS LISTED	2

{STR-DT} {END-DT}

{**PLAN NAME:** {NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}}

{Last time we recorded that (**READ NAME(S) BELOW**) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through the program sponsored by a state or local government agency which provides hospital and physician benefits?

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

YES	1	
NO	2	{PR32}
Refused	RF	{PR32}
Don't Know	DK	{PR32}

HELP AVAILABLE FOR A DEFINITION OF THIS TYPE OF PROGRAM.

Beta

DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME: {NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}' AND 'LAST TIME (PLAN 1 NAME).' IF THERE IS AN INSURER ASSOCIATED WITH GOVT-1 HOSPITAL/PHYSICIAN IN THE PREVIOUS ROUND. FOR 'NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER FOR | RU', DISPLAY THE INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND. DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' 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 GOVT-HOSPITAL/PHYSICIAN. NOTE: STATES THAT DO NOT OFFER GOVT-HOSPITAL/PHYSICIAN (MEDICAID/SCHIP) MANAGED CARE PLANS ARE ALASKA, MISSISSIPPI, NEW HAMPSHIRE, AND WYOMING. ROUTING INSTRUCTION: IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN 1 (MEDICAID/SCHIP) MANAGED CARE PLAN, CODE PR28 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR29 IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS | BEING CONDUCTED DOES OFFER A GOVT-HOSPITAL/PHYSICIAN | (MEDICAID/SCHIP) MANAGED CARE PLAN, CONTINUE WITH PR28

		Roster Details
Title:	RU_ESTB_PERS	S_PAIRS_1
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
 	Roster Definition: This item displays display of RU-memk	RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
 	Roster Behavior: 1. Display only. 2. Select, add, de	elete, and edit disallowed.
 	covered by	e persons who are RU members and flagged as sician during the current round.

<u>PR28</u>

□ Help Enabled	Comment Enabled	✓ Jump Back Enable	d
Variable Name	Label		Size
HOME.PROGLIST	NAME OF HI FROM MEDICAID/GOVT IS LISTED		2
{STR-DT} {END-D	Г}		

SHOW CARD PR-3.

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

YES	1	{PR280V}
NO	2	{PR29}
Refused	RF	{PR29}
Don't Know	DK	{PR29}
DISPLAY INSTRUCTIONS: DISPLAY 'between (START DATE) and (END DA OTHERWISE, USE A NULL DISPLAY.	TE)' IF ROUND	5.

PR28OV

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□ Help Enabled

Comment Enabled Jump Back Enabled

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

Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

PLAN LETTER: _____ {PR32}

 	PROGRAMMER NOTES: FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR GOVT-
1	HOSPITAL/PHYSICIAN.'
ı T	WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING
i.	MESSAGE: 'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN INTERVIEWER CLEARS THE MESSAGE, PROCEED TO
	THE NEXT LOGICAL SCREEN.
L	
L	IN THIS MESSAGE FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE
 	ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

Help Enabled (HMO)

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

{STR-DT} {END-DT}

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

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

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

YES, ALL ARE	1	{PR31}
YES, SOME ARE	2	{PR31}
NO, NONE ARE	3	{PR30}
Refused	RF	{PR30}
Don't Know	DK	{PR30}

HELP AVAILABLE FOR DEFINITION OF HMO.

DISPLAY INSTRUCTIONS: DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. DISPLAY 'are/is' IF NOT ROUND 5. DISPLAY 'were/was' IF ROUND 5.

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

Old Public Related Insurance (PR) Section Beta

Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
 -	Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.	
- 	Roster Behavior: I. Display only. 2. Select, add, delete, and edit disallowed.	
Ī	Roster Filter:	i I
 	1 1 1	RU member who are covered by ician during the current round.

Help Enabled (PROGDR)

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

{STR-DT} {END-DT}

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

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

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

YES, ALL REQUIRED	1	{PR31}
YES, SOME REQUIRED	2	{PR31}
NO, NONE REQUIRED	3	{PR32}
Refused	RF	{PR32}
Don't Know	DK	{PR32}

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

DISPLAY INSTRUCTIONS: DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.	
PROGRAMMER NOTES: IF CODED '3' (NO, NONE REQUIRED), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR GOVT-HOSPITAL/PHYSICIAN.	

		Roster Details
Title:	e: RU_ESTB_PERS_PAIRS_1	
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME
T	Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.	
1	Roster Behavior: 1. Display only. 2.Select, add, delete, and edit disallowed.	
D		E RU members who are covered by sician during the current round.

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□ Help Enabled

Variable Name	Label	Size
HOME.PROGNAME	PROGRAM HMO/INSURANCE NAME	25
{STR-DT} {END-DT}		

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

Plan Name:		_ {PR32}
Refused Don't Know	RF DK	{PR32} {PR32}
DISPLAY INSTRUCTIONS: DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL A SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR30 ALL REQUIRED) OR '2' (YES, SOME REQUIRED).		
PROGRAMMER NOTES: FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S I HOSPITAL/PHYSICIAN.'	INSURER	FOR GOVT-

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

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

{STR-DT} {END-DT}

{**PLAN NAME**: {{PLAN NAME ENTERED AT PR28OV}/{NAME OF PLAN FROM PR31}}}

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

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

YES NO	1 2	{PR33} {PR34}
Refused	RF	
Don't Know	DK	{BOX_11}

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

DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. DISPLAY '(PLAN NAME ENTERED AT PR280V)' IF A PLAN WAS ENTERED AT PR280V. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR280V FOR THIS STATE. DISPLAY '(NAME OF PLAN FROM PR31) IF A PLAN NAME WAS ENTERED AT PR31. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED. DISPLAY '(PLAN NAME)' IF THEE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE DISPLAY 'THE PROGRAM SPONSORED ...'.

<u>PR33</u>

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

{STR-DT} {END-DT}

{**PLAN NAME:** {PLAN NAME ENTERED AT PR28OV}/{NAME OF PLAN FROM PR31}}

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

AMOUNT: \$		_ {PR330V1}
Refused Don't Know	RF DK	{PR34} {PR34}
DISPLAY INSTRUCTIONS: DISPLAY 'PLAN NAME:' IF THERE IS A CURREN ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHER WISE, USE A NULL DISPLAY.		INSURER
DISPLAY '(PLAN NAME ENTERED AT PR280V)' IF ENTERED AT PR280V. DISPLAY THE ACTUAL PLAN N CORRESPONDS TO THE LETTER ENTERED AT PR280V H	JAME THAT	
 DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED).	
DISPLAY '(NAME OF PLAN FROM PR31)' IF A PLAN AT PR31.	NAME WAS	ENERED
DISPLAY 'the (PLAN NAME)' IF THERE IS A CURE ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'that'.	RENT ROUN	D INSURER

<u>PR330V1</u>

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□ Help Enabled

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

ENTER UNIT OF COVERAGE:

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

PER YEAR	1	{PR34}
QUARTERLY/EVERY 3 MONTHS	2	{PR34}
BIMONTHLY/EVERY 2 MONTHS	3	{PR34}
PER MONTH	4	{PR34}
PER WEEK	5	{PR34}
BIWEEKLY/EVERY 2 WEEKS	6	{PR34}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{PR34}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{PR34}
OTHER	91	{PR330V2}
Refused	RF	{PR34}
Don't Know	DK	{PR34}

<u>PR330V2</u>

 \Box Help Enabled

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

OTHER SPECIFY:		_ {PR34}
Refused	RF	{PR34}
Don't Know	DK	{PR34}

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.PR34BLSWVS		
HOME.BYFED	FEDERAL GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYSTATE	STATE GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYLOCAL	LOCAL GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYSOMGOV	SOME GOVT PAID MEDICAID/GOVT PREMIUM	2
HOME.BYOTHER	OTHER PAID MEDICAID/GOVT PREMIUM	2

{STR-DT} {END-DT}

{**PLAN NAME:** {NAME OF CRNT RD'S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}{{PLAN NAME ENTERED AT PR28OV}/NAE OF PLAN FROM PR31}}}

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	
OTHER	91	{PR340V}
Refused	RF	{BOX_11}
Don't Know	DK	{BOX_11}

DISPLAY ASSOCIA	Y INSTRUCTIONS: Y 'PLAN NAME:' IF THERE IS A CURRENT ROUND INSURER ATED WITH THE GOVT-HOSPITAL/PHYSICIAN NCE. OTHERWISE, USE A NULL DISPLAY.
ENTEREI CORRESI DISPLAY	Y '{PLAN NAME ENTERED AT PR280V}' IF A PLAN WES O AT PR280V. DISPLAY THE ACTUAL PLAN NAME THAT PONDS TO THE LETTER ENTERED AT PR280V FOR THIS STATE. Y THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF ROM PR31}' IF A PLAN NAME WAS ENTERED.
DISPLAY NULL DI	Y 'ELSE' IF PR32 IS CODED '1' (YES). OTHERWISE, USE A ISPLAY.
	Y `SOME OF' IF PR32 IS CODED `1' (YES). DISPLAY `FOR' 2 IS CODED `2' (NO).
FOR SPE AUTOMAT	MMER NOTES: ECIFICATIONS PURPOSES ONLY (CAPI HANDLES THIS FICALLY): CAPI DOES NOT ALLOW 'RF' OR 'DK' IN ATION WITH ANY OTHER CODE.
IF CODE	G INSTRUCTION: ED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CONTINUE WITH PR340V
OTHERWI	ISE, GO TO BOX_11

<u>PR340V</u>

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□ Help Enabled
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Comment Enabled Jump Back Enabled

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

OTHER SPECIFY:		{BOX_11}
Refused	RF	{BOX_11}
Don't Know	DK	{BOX_11}

BOX 11

IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH BOX_12

OTHERWISE, GO TO BOX_18

BOX_12

IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR35

OTHERWISE, GO TO BOX 15

NOTE: FOR BOTH GROUP 1 AND 2 PUBLIC PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW CARD AND ASK IF THE FAMILY STILL HAD COVERAGE FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC SERIES IN HX. ✓ Help Enabled (STATEPRGM)

Variable Name	Label	Size
HOME.CONFGRP1	CONFIRM STILL COVERED: STATE GROUP 1	2
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.STSPEC	PERSON COVERED BY STATE SPECIFIC PLAN	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

During the last interview, we recorded that **(READ NAMES BELOW)** were covered by one or more of the following programs:

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

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

YES, ALL NO, ONLY SOME	1 2	{BOX_13} {PR36}
NO, NONE	3	
Refused	RF	{BOX_15}
Don't Know	DK	{BOX_15}

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

Beta

DISPLAY INSTRUCTIONS: | DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME FOR PROGRAM #N'. DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. PROGRAMMER NOTES: | IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING 1 CURRENT ROUND. IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING | CURRENT ROUND. ______ Г ROUTING INSTRUCTION: IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35, GO TO PR37 IF CODED '3' (NO, NONE), ND | IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, | GO TO BOX_15 \square $_$ $_$ $_$ $_$ $_$ $_$

Title:	RU ESTB PER	Roster Details		
Col #	Header	Instructions		
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME		
Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members.				
1	Roster Behavior: 1. Display only. 2. Select, add, delete, and edit disallowed.			
Ľ	Roster Filter: Display only those RU members who are covered by Group 1 Other Public Insurance at any time during the previous round.			

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR36		
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.STSPEC	PERSON COVERED BY STATE SPECIFIC PLAN	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

{BOX_13}

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.

Roster Details			
Title:	RU_ESTB_PERS	S_PAIRS_1	
Col #	Header	Instructions	
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME	

_ _ _ · Roster Definition: | This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for selection of RU-members. Roster Behavior: 1. Multiple select allowed. 2. Add, delete, and edit disallowed. _______ 1 Roster Filter: 1 Display only those RU members who are covered by Group 1 1 Other Public Insurance at any time during the previous round. 1

<u>BOX 13</u>

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR35), GO TO LOOP 05

OTHERWISE, CONTINUE WITH PR37

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✓ Help Enabled (STATEPRGM)

Variable Name		Label		Size
HOME.MOREGRP1	MORE COVERED: STATE GROUP1			2
{STR-DT} {END-DT}				

Besides the family members we've just talked about, have any additional family members been covered by any of the following programs {since (START DATE)/between (START DATE) and (END DATE)}? (READ PROGRAM NAMES BELOW.)

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

YES	1	{PR38}
NO	2	
Refused	RF	
Don't Know	DK	

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

DISPLAY INSTRUCTIONS: DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME FOR PROGRAM #N'.
DISPLAY 'since (START DATE)' IF ROUND IS NOT 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
ROUTING INSTRUCTION: IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_05
IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_15

□ Help Enabled

Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EPRS.bw_PR38		
EPRS.EPRSID	EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
EPRS.EPRSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPRS.CREATEQ	QUESTION THAT CREATED EPRS RECORD	6
EPRS.STSPEC	PERSON COVERED BY STATE SPECIFIC PLAN	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

{LOOP_05}

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 RUmembers. Roster Behavior: 1. Multiple select allowed. 2. Add, delete, and edit disallowed. Roster Filter: Display only those RU members who are not covered by Group 1 Other Public Insurance at any time during the previous round.

LOOP 05

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 -END_LP05 LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND - PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX 14

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END LP05

END LP05

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15

<u>BOX 15</u>

IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39

OTHERWISE, GO TO BOX_18

✓ Help Enabled (OTHSTPRGM)

Label	Size
CONFIRM STILL COVERED: STATE GROUP 2	2
EPRS ID KEY: ESTBID + PERSID + ROUND NUM	20
ROUND STAMP: RU LETTER + ROUND NUMBER	2
QUESTION THAT CREATED EPRS RECORD	6
PERS COVERED BY AFDC/WIC/SSI/IHS/PHC/VA	2
EPCP ID KEY: EPRSID + PERSID	28
ROUND STAMP: RU LETTER + ROUND NUMBER	2
CREATION STAMP	2
	CONFIRM STILL COVERED: STATE GROUP 2 EPRS ID KEY: ESTBID + PERSID + ROUND NUM ROUND STAMP: RU LETTER + ROUND NUMBER QUESTION THAT CREATED EPRS RECORD PERS COVERED BY AFDC/WIC/SSI/IHS/PHC/VA EPCP ID KEY: EPRSID + PERSID ROUND STAMP: RU LETTER + ROUND NUMBER

{STR-DT} {END-DT}

SHOW CARD PR-3.

During the last interview, we recorded that (**READ NAMES BELOW**) were covered by one or more of the public programs listed on this card.

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

YES, ALL	1	{BOX_16}
NO, ONLY SOME	2	{PR40}
NO, NONE	3	
Refused	RF	{BOX_18}
Don't Know	DK	{BOX_18}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

PROGRAMMER NOTES: | IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT 1 ROUND. IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. ROUTING INSTRUCTION: IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39, GO TO PR41 IF CODED '3' (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, GO TO BOX_18 L_____

Roster Details Title: RU_ESTB_PERS_PAIRS_1				
Col #	Header	Instructions		
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME		
Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for display of RU-members. Roster Behavior:				
	1. Display only. 2. Select, add, delete, and edit disallowed.			
	Roster Filter: Display only those RU members who are covered by Group 2 Other Public Insurance during the previous round.			

✓ Help Enabled (OTHSTPRGM)

Variable Name	Label	Size
EPRS.bl_PR40		
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.AFDCGRP	PERS COVERED BY AFDC/WIC/SSI/IHS/PHC/VA	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

[First Name, [Middle Name], Last Name] [First Name, [Middle Name], Last Name] [First Name, [Middle Name], Last Name] {BOX_16}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

Old Public Related Insurance (PR) Section Beta

Col #	Header	Instructions	
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME	
 	Roster Definition: This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for selection of RU-members.		
- 	Roster Behavior: 1. Multiple select allowed. 2. Add, delete, and edit disallowed.		
 		RU members who are covered by Group 2 ance during the previous round.	

BOX 16

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06

OTHERWISE, CONTINUE WITH PR41

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

Variable Name		Label		Size
HOME.MOREGRP2	MORE COVERED: STATE GROUP 2		2	
{STR-DT} {END-DT}				

SHOW CARD PR-3.

Besides the family members we've just talked about, have any additional family members been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

YES	1	{PR42}
NO	2	
Refused	RF	
Don't Know	DK	

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

	DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
 	ROUTING INSTRUCTION: IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_06
 	IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_18

✓ Help Enabled (OTHSTPRGM)

Variable Name Label Size EPRS.bw PR42 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 PERS COVERED BY AFDC/WIC/SSI/IHS/PHC/VA 2 EPRS.AFDCGRP EPCP.EPCPID EPCP ID KEY: EPRSID + PERSID 28 ROUND STAMP: RU LETTER + ROUND NUMBER 2 EPCP.EPCPRURN EPCP.CREATEQ **CREATION STAMP** 2

{STR-DT} {END-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

{LOOP_06}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY INSTRUCTIONS: DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. PROGRAMMER NOTES: FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.'

Roster Details

Title: RU_Members_1

Col #	Header	Instructions	
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME	
 -	Roster Definition:		
- 	<pre>Roster Behavior: 1. Multiple select allowed. 2. Add, delete, and edit disallowed. = = = = = = = = = = = = = = = = =</pre>		

LOOP 06

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_17 -END_LP06 LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE AND - PERSON IS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_17

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06

END LP06

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX 18

<u>BOX 18</u>

RETURN TO THE HEALTH INSURANCE (HX) SECTION.