

Old Public Related Insurance (PR) Section

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

PR01A

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}

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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.

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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

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 PR02 AND PR03 '2' (NO) AUTOMATICALLY BY CAPI AND
GO TO END_LP01.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE
MANAGED CARE PLAN, CONTINUE WITH PR02

PR02

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	1	{PR02OV}
NO	2	{PR03}

Refused	RF	{PR03}
Don't Know	DK	{PR03}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

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

PR02OV

Help Enabled Comment Enabled Jump Back Enabled

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

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

CODE LETTER OF PLAN FROM SHOW CARD.

PLAN LETTER: _____ {END_LP01}

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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

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.

```

PR03

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
ROUND 5.

```


PR07

Help Enabled Comment Enabled Jump Back 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}

YES, ALL	1	{BOX_03}
NO, ONLY SOME	2	{PR08}
NO, NONE	3	

Refused	RF	{BOX_05}
Don't Know	DK	{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.

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

```

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:
1. Person is an RU member flagged as covered by Medicaid
during the previous round.

```

PR08

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.MCAID	PERSON COVERED BY MEDICAID	2
EPCP.EPCPID	EPCP ID KEY: EPRSID + PERSID	28
EPCP.EPCPRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EPCP.CREATEQ	CREATION STAMP	2

{STR-DT} {END-DT}

Who 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}

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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.'
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```

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

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

```

Roster Definition:
This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
selection of RU-members.

=====

Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.

=====

Roster Filter:
1. Display only those RU members who are covered by
Medicaid/SCHIP
   at any time during the previous round.

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BOX 03

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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

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PR09

Help Enabled (MEDICAT) Comment Enabled Jump Back Enabled

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

HELP AVAILABLE FOR DEFINITION OF MEDICAID.

```

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.

ROUTING INSTRUCTION:
IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND AT
LEAST ONE RU MEMBER IS FLAGGED AS 'COVERED BY MEDICAID/SCHIP
DURING CURRENT ROUND,' GO TO LOOP_02

IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND NO
RU MEMBERS ARE FLAGGED AS 'COVERED BY MEDICAID/SCHIP DURING
CURRENT ROUND,' GO TO BOX_05
    
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PR10

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
COVERED BY MEDICAID/SCHIP' DURING CURRENT ROUND.

```

Roster Details

Title: RU_Members_1

<u>Col #</u>	<u>Header</u>	<u>Instructions</u>
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:
1. RU members not flagged as covered by Medicaid/SCHIP
   during the previous 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

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BOX 04

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02

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END LP02

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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
PR11

```

PR11

Help Enabled (MEDICAT) Comment Enabled Jump Back Enabled

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
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.

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
INSURER'

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
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
    
```

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:
1.Display only those RU members who are covered by
Medicaid/SCHIP during the current round.

PR12

Help Enabled Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

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	1	{PR12OV}
NO	2	{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.

```

PR120V

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}

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| 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.'
|
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PR13

Help Enabled (HMO) Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {(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.

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

Roster Details

Title: RU_ESTB_PERS_PAIRS_1

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

```

Roster Definition:
This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for
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
Medicaid/SCHIP during the current round.
    
```

PR14

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 CONDITITONS
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)
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 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

```

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
Medicaid/SCHIP during the current round.

```


PR19

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

```

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 TRICARE/CHAMPVA during the previous round.

```


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_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. |
|-----|
| Roster Filter:                   |
| Display only those RU members who are covered by          |
| TRICARE/CHAMPVA during the previous round.                |
|-----|

```

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                                           |
|-----|

```

PR21

Help Enabled (CHAMPTRI) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.MORECHAM	MORE COVERED: CHAMPUS/CHAMPVA/TRICARE	2

{STR-DT} {END-DT}

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	1	{PR21A}
NO	2	

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

```

PR21A

Help Enabled Comment Enabled Jump Back 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}
<hr style="border-top: 1px dashed black;"/>		
Refused	RF	{PR22}
Don't Know	DK	{PR22}

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


```
-----  
| 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 covered by  
| 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  
|-----
```

PR23

Help Enabled (INSTYPES) Comment Enabled Jump Back Enabled

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	1	{BOX_09}
NO, ONLY SOME	2	{PR24}
NO, NONE	3	
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.
    
```

```

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

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.
=====

Roster Behavior:
1. Display only.
2. Select, add, delete, and edit disallowed.
=====

Roster Filter:
Display only those RU members and persons who are flagged as
covered by GOVT-Hospital/Physician during the previous round.

```

PR24

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] {BOX_09}

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

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

```

| 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 GOVT-
| HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. FLAG ALL PERSONS
| NOT SELECTED AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN'
| DURING CURRENT ROUND.
|

```

Roster Details	
Title:	RU_ESTB_PERS_PAIRS_1

<u>Col #</u>	<u>Header</u>	<u>Instructions</u>
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. |
|-----|
| Roster Filter:                    |
| Display only those RU members who are covered by          |
| GOVT-Hospital/Physician 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 |
|-----|

```

PR25

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.MOREGOVT	MORE COVERED: GOVT PROGRAM	2

{STR-DT} {END-DT}

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	1	{PR26}						
NO	2							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Refused</td> <td style="width: 10%; text-align: center;">RF</td> <td style="width: 30%;"></td> </tr> <tr> <td>Don't Know</td> <td style="text-align: center;">DK</td> <td></td> </tr> </table>			Refused	RF		Don't Know	DK	
Refused	RF							
Don't Know	DK							

```

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 GOVT-
HOSPITAL/PHYSICIAN' DURING CURRENT ROUND,' GO TO LOOP_04

IF CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (DON'T KNOW) AND NO
RU MEMBERS FLAGGED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN'
DURING CURRENT ROUND, GO TO BOX_11
    
```

PR26

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}

```

DISPLAY INSTRUCTIONS:
DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (END DATE) and (END DATE)' IF ROUND 5.
=====
PROGRAMMER NOTES:
FLAG ALL PERSONS SELECTED AS 'COVERED BY GOVT-
HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. FLAG ALL PERSONS
NOT SELECTED AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN'
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:  
| 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  
|-----
```

BOX 10

```
-----  
| 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  
|-----
```


PR27

Help Enabled (INSTYPES) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
HOME.GOVTCNG	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.

```

DISPLAY INSTRUCTIONS:
DISPLAY 'PLAN NAME: {NAME OF PREV RD'S GOVT-
HOSPITAL/PHYSICIAN INSURER FOR RU}' AND 'LAST TIME .... (PLAN
NAME).' IF THERE IS AN INSURER ASSOCIATED WITH GOVT-
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
(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_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 persons who are RU members and flagged as
covered by
GOVT-Hospital/Physician during the current round.
=====

```

PR28

- Help Enabled Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

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	{PR28OV}
NO	2	{PR29}

Refused	RF	{PR29}
Don't Know	DK	{PR29}

```

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

PR28OV

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-
HOSPITAL/PHYSICIAN.'

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

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

```

PR29

Help Enabled (HMO) Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

Under 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

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 member who are covered by |
| GOVT-Hospital/Physician during the current round. |
|-----|

```

PR30

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} 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: 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
| GOVT-Hospital/Physician during the current round.
|-----

```


PR31

Help Enabled Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

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

Plan Name: _____ {PR32}

Refused	RF	{PR32}
Don't Know	DK	{PR32}

```

DISPLAY INSTRUCTIONS:
DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) OR '2' (YES,
SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR30 CODED '1' (YES,
ALL REQUIRED) OR '2' (YES, SOME REQUIRED).

=====

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

PR32

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	1	{PR33}
NO	2	{PR34}
Refused	RF	{BOX_11}
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 PR28OV)' IF A PLAN WAS
ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT PR28OV 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 ...'.

```

PR33

Help Enabled Comment Enabled Jump Back Enabled

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

{STR-DT} {END-DT}

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

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

AMOUNT: \$ _____ {PR33OV1}

Refused	RF	{PR34}
Don't Know	DK	{PR34}

```

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

DISPLAY '(PLAN NAME ENTERED AT PR28OV)' IF A PLAN WAS
ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT
CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

DISPLAY '(NAME OF PLAN FROM PR31)' IF A PLAN NAME WAS ENERED
AT PR31.

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

PR33OV1

Help Enabled Comment Enabled Jump Back 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	{PR33OV2}

Refused	RF	{PR34}
Don't Know	DK	{PR34}

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 | {PR34OV} |
| ----- | | |
| Refused | RF | {BOX_11} |
| Don't Know | DK | {BOX_11} |

```

| 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 PR28OV}' IF A PLAN WAS
| ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT
| CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE.
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF
| PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED.
|
| DISPLAY 'ELSE' IF PR32 IS CODED '1' (YES). OTHERWISE, USE A
| NULL DISPLAY.
|
| DISPLAY 'SOME OF' IF PR32 IS CODED '1' (YES). DISPLAY 'FOR'
| IF PR32 IS CODED '2' (NO).
|
| == == == == == == == == == == == == == == == == == == == == == == ==
|
| PROGRAMMER NOTES:
| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES THIS
| AUTOMATICALLY): CAPI DOES NOT ALLOW 'RF' OR 'DK' IN
| COMBINATION WITH ANY OTHER CODE.
|
| == == == == == == == == == == == == == == == == == == == == == == ==
|
| ROUTING INSTRUCTION:
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER
| CODE, CONTINUE WITH PR34OV
|
| OTHERWISE, GO TO BOX_11
|
| == == == == == == == == == == == == == == == == == == == == == == ==

```



```

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
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.

=====

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
    
```

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 1
Other Public Insurance at any time during the previous round.
    
```

PR36

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_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.
|-----
| Roster Filter:
| Display only those RU members who are covered by Group 1
| Other Public Insurance at any time during the previous round.
|-----

```

BOX 13

```

-----
| 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
|-----

```

PR37

Help Enabled (STATEPRGM) Comment Enabled Jump Back Enabled

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
  
```


PR38

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}

```

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_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 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

BOX 15

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

```

PROGRAMMER NOTES:
IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS
'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT
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

```

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.

```


<u>Col #</u>	<u>Header</u>	<u>Instructions</u>
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.
|=====
| Roster Filter:
| Display only those RU members who are covered by Group 2
| Other Public Insurance 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
|=====

```

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

```


<u>Col #</u>	<u>Header</u>	<u>Instructions</u>
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 Group 2 Other Public Insurance at any time during the
previous round.

```

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

```

BOX 18

```

RETURN TO THE HEALTH INSURANCE (HX) SECTION.

```