

Private Health Insurance Detail (HP) Section

NOTE: THROUGHOUT THIS SECTION IN CAPI, FOR 'CATEGORY NAME FROM HX03 OR HX23', DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
- 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
- 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
- THE TEXT ENTERED AT HX030V IF CODED '91' AT HX03
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03

- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23
- 'SCHOOL' IF CODED '3' AT HX23
- 'INSURANCE AGENT' IF CODED '4' AT HX23
- 'INSURANCE COMPANY' IF CODED '5' AT HX23
- 'HMO' IF CODED '6' AT HX23
- 'UNION' IF CODED '7' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED '8' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF CODED '9' AT HX23
- 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER' IF CODED '10' AT HX23
- 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23
- 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' AT HX23
- THE TEXT ENTERED AT HX230V IF CODED '91' AT HX23
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED INSURANCE' IF CODED '-7' OR '-8'

| 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.

| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN |
ALL FUTURE ROUNDS.

| NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND |
| THE INFORMED CONSENT SCREENS WERE OMITTED STARTING |
| IN PANEL 12 ROUND 3. THIS INFORMATION WAS |
| IN PANEL 12 ROUNDS 1 AND 2. |

| STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED |
IN ALL ROUNDS.

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, |
| 'INSURANCE SOURCE'. |

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

BOX_01

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| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE |  
| EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH |  
| INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' |  
| WITH A FIRM-SIZE-1, GO TO LOOP_01 |  
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| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON |  
| AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM |  
| A SCHOOL)), GO TO HP03 |  
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| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) |  
| AT HX23, CONTINUE WITH HP01 |  
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HP01

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

GENERAL HEALTH COVERAGE	1	{HP02}
ONLY INJURIES CAUSED BY ACCIDENTS	2	{BOX_11}
REF	-7	{HP02}
DK	-8	{HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02

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Would the insurance from the school cover health services
outside of a school clinic?

YES 1 {HP03}
NO 2 {BOX_11}
REF -7 {HP03}
DK -8 {HP03}

HP03

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INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an)
{CATEGORY NAME FROM HX03 OR HX23}.

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS INSURANCE
REPORTED IN ERROR.

CONTINUE 1 {LOOP_01}
INSURANCE REPORTED IN ERROR 2 {BOX_11}

[Code One]

| FOR 'CATEGORY NAME FROM HX03 OR HX23' DISPLAY THE |
| CATEGORY TEXT FROM HX03 OR HX23. SEE NOTE BOX AT |
BEGINNING OR HP SECTION FOR DETAILS.

| IF CODED '2' (INSURANCE REPORTED IN ERROR), FLAG |
ITEM FOR SOURCE CLEAN-UP.

LOOP_01

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|   FOR EACH OF THE FOLLOWING:   |  
|  
|   ESTABLISHMENT 1             |  
|   ESTABLISHMENT 2             |  
|   ESTABLISHMENT 3             |  
|   ESTABLISHMENT 4             |  
|  
|   ASK BOX_01A-END_LP01        |  
|  
|   -----  
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|   LOOP DEFINITION:  LOOP-01 COLLECTS DETAILED  
|   INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN  
|   EMPLOYER OR THE ESTABLISHMENT NAMES OF THE  
|   INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23.  
|   IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER  
|   ONLY ONE LOOP CYCLE IS COMPLETED.  
|  
|   IF LOOPING ON INSURANCE PROVIDED THROUGH AN  
|   INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE  
|   FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT  
|   NAME OF THE INSURANCE SOURCE.  SUBSEQUENT CYCLES,  
|   IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18.  
|   IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN  
|   TO COLLECT THE NEXT ESTABLISHMENT NAME.  IF HP18  
|   IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),  
|   OR '-8' (DON'T KNOW), THE LOOP ENDS.  
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BOX_01A

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|   IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN  
|   EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT  
|   FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,  
|   GO TO HP09  
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|   -----  
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|   OTHERWISE, CONTINUE WITH HP04  
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|   -----  
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HP04A
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OMITTED.

HP04
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Please give me the name of one of the {CATEGORY NAME FROM HX03
OR HX23} {from which anyone in the family purchased this
insurance/which covers anyone in the family/insurance companies
for the insurance purchased from an agent}.

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

ROSTER. ESTABLISHMENT

1. Establishment Name-30

2. Establishment Name-30

3. Establishment Name-30

| DISPLAY '(CATEGORY NAME FROM HX03 OR HX23)' IF |
| NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 |
| OR CODE '4' (INSURANCE AGENT) AT HX23. |
|
| DISPLAY 'from which anyone in the family purchased |
| this insurance' IF NOT LOOPING ON CODE '5' |
| (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE |
| AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING |
| HERE) AT HX23. |
|
| DISPLAY 'which covers anyone in the family' IF |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23. |
|
| DISPLAY 'insurance company for the insurance |
| purchased from an agent' IF LOOPING ON CODE '5' |
| (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE |
AGENT) AT HX23.

| FOR 'CATEGORY NAME FROM HX03 OR HX23' DISPLAY THE |
| CATEGORY TEXT FROM HX03 OR HX23. SEE NOTE BOX AT |
BEGINNING OF HP SECTION FOR DETAILS.

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

| DISPLAY AN "ADD ESTABLISHMENT" OPTION ON THIS |
SCREEN.

| IF 'ADD ESTABLISHMENT' OPTION IS SELECTED, |
CONTINUE WITH BOX_01B

| OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE |
LIST), GO TO BOX_02

| ROSTER DETAILS: |
| TITLE: RU_ESTB_3 |
| |
| COL # 1 HEADER: ESTABLISHMENT |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
(ESTB.ESTBNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR |
DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE |
| INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS |
| FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A |
FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES.

BOX_01B
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| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT' |
| IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A |
SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)

| IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE |
THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS

| A POPUP ON HP04.) |

HP05
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OMITTED.

HP06
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED
INSURANCE.

{ESTABLISHMENT: [_____]} {BOX_02}

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER.

HP07
=====

{STR-DT}
{END-DT}

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

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.

[Establishment Name] {BOX_02}

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

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER.

HP08
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OMITTED.

BOX_02

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| IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |  
| 'GROUP'. |  
| IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS |  
| 'UNION'. |  
| IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY-FROM AN AGENT'. |  
| IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY'. |  
| IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'. |  
| IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS |  
| 'PREVIOUS EMPLOYER, NOT COBRA'. |  
| IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS |  
| 'COBRA'. |  
| IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE-COLLECTED AT OTHER'. |  
  
| IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS |  
| 'GROUP'. |  
| IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS |  
| 'SCHOOL'. |  
| IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY-FROM AN AGENT'. |  
| IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS |  
| 'INSURANCE COMPANY'. |  
| IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS |  
| 'HMO'. |  
| IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS |  
| 'UNION'. |  
| IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS |  
| 'COBRA'. |  
| IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS |  
| 'PREVIOUS EMPLOYER, NOT COBRA'. |  
| IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS |  
| 'SPOUSE PREVIOUS EMPLOYER'. |  
| IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS |  
| 'EMPLOYER'. |  
| IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE-OUTSIDE RU'. |  
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE - COLLECTED AT OTHER'. |  
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| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN |
ALL FUTURE ROUNDS.

BOX_03

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IF LOOPING ON AN HX23 CATEGORY, GO TO HP11

OTHERWISE, CONTINUE WITH HP09

HP09

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

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

YES 1 {LOOP_02}
NO 2 {HP10}
REF -7 {HP10}
DK -8 {HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'As of |
(END DATE), was' IF ROUND 5.

PERSON REFERS TO JOBHOLDER.

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| IF CODED '1' (YES), FLAG JOBHOLDER AS |  
| 'POLICYHOLDER'. |  
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HP10
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```
{NAME OF ESTABLISHMENT} {STR-DT}  
{END-DT}
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Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

```
{JOBHOLDER/EMPLOYER-PAIR 1}  
{JOBHOLDER/EMPLOYER-PAIR 2}  
{JOBHOLDER/EMPLOYER-PAIR 3}
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JOBHOLDER/EMPLOYER IS LISTED ..... 1 {END_LP01}  
JOBHOLDER/EMPLOYER IS NOT LISTED ..... 2 {END_LP01}  
REF ..... -7 {END_LP01}  
DK ..... -8 {END_LP01}
```

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code One]

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-----  
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |  
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |  
| OTHERWISE, USE NULL DISPLAY. |  
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-----  
| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW), FLAG FOR EVENT CLEANUP. |  
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| ROSTER DETAILS: |  
| TITLE: RU_ESTB_PERS_PAIRS_2 |  
| COL # 1 HEADER: JOBHOLDER/EMPLOYER PAIR |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAME/ESTABLISHMENT NAME (PERS.FULLNAME/ |  
| ESTB.ESTBNAME) |  
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| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR DISPLAY OF EMPLOYER/JOBHOLDER PAIRS.

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING |
| CONDITIONS: |
| 1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
| IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND |
| 2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY |
ESTABLISHMENT

HP11
=====

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

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

- [1. First Name, [Middle Name], Last Name-35] ..
- [2. First Name, [Middle Name], Last Name-35] ..
- [3. First Name, [Middle Name], Last Name-35] ..

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY. DISPLAY A |
| "POLICYHOLDER NOT LISTED IN DU" AND "POLICYHOLDER |
DECEASED" OPTION ON THIS SCREEN.

| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO |
LOOP_02

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

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

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS- |
ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NO FILTER; DISPLAY ALL DU MEMBERS.

HP11A

=====

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

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

[Enter Specify-15] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

| WHENEVER THIS POLICYHOLDER IS BEING ASKED ABOUT |
| IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY |
THE 15 CHARACTER ENTRY AT HP11A.

| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, |
CONTINUE WITH HP11B

OTHERWISE, GO TO LOOP_02

HP11B

=====

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

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

FLAG POLICYHOLDER AS 'DECEASED'.

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

LOOP_02

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

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

BOX_04

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

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

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| IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA), |  
| '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE |  
| PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) |  
| CONTINUE WITH BOX_06 |  
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-----  
| OTHERWISE, GO TO BOX_07 |  
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BOX_06

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-----  
| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', |  
| CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |  
| AND GO TO HP13 |  
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-----  
| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |  
| BOX_07 |  
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-----  
| OTHERWISE, CONTINUE WITH HP12 |  
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HP12
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{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

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

CURRENTLY EMPLOYED	1	{HP13}
RETIRED	2	{HP13}
PREVIOUSLY EMPLOYED	3	{HP13}
DECEASED	4	{HP13}
OTHER	91	{HP120V}
REF	-7	{HP13}
DK	-8	{HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
'DECEASED'.

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

HP120V
=====

OTHER:

[Enter Other Specify]		{HP13}
REF	-7	{HP13}
DK	-8	{HP13}

HP13

====

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

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

YES	1	{BOX_07}
NO	2	{BOX_07}
REF	-7	{BOX_07}
DK	-8	{BOX_07}

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

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

BOX_07

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| IF ESTABLISHMENT THAT PROVIDES INSURANCE IS  
| FLAGGED AS:  
|  
| 'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',  
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE  
| PERIOD', OR 'RETIREMENT JOB'  
| OR  
| 'EMPLOYER' AND [JOB SUBTYPE IS 'FORMER MAIN',  
| 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE  
| REFERENCE PERIOD'] AND JOB IS ALSO FLAGGED AS  
| 'NOT RETIRED FROM'  
| OR  
| 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE  
| '8'; HX23-CODE '9')  
| OR  
| 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT  
| CODED '1' (CURRENTLY EMPLOYED)  
| OR  
| 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')  
| OR  
| 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')  
| OR  
| 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-  
| CODE '91'),  
|  
| CONTINUE WITH HP14  
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```
-----  
| OTHERWISE, GO TO HP15  
|  
-----
```

HP14
=====

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

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

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

YES	1	{HP15}
NO	2	{HP15}
REF	-7	{HP15}
DK	-8	{HP15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

```
-----  
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |  
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |  
| OTHERWISE, USE NULL DISPLAY. |  
-----
```

HP15
=====

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

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

YES	1	{HP16}
NO	2	{HP17}
REF	-7	{HP17}
DK	-8	{HP17}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.


```
-----  
| DISPLAY 'living here' IF LOOPING ON CODE '12'  
| (OUTSIDE RU) AT HX23.  
|  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
| DISPLAY 'between (START DATE) and (END DATE)' IF  
| ROUND 5.  
|  
-----
```

HP16

====

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

Who is that?

PROBE: Was anyone else covered as a dependent {since
(START DATE)/between (START DATE) and (END DATE)}?

- [1. First Name, [Middle Name], Last Name-35]
- [2. First Name, [Middle Name], Last Name-35]
- [3. First Name, [Middle Name], Last Name-35]

[Code All That Apply]

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

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

```
-----  
| GO TO BOX_08  
|  
-----
```

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: 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 ALL PERSONS ON THE RU-MEMBERS-ROSTER |
| EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR |
| THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME |
| OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING |
ASKED ABOUT.

| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ITEM ON |
ROSTER.

HP17

=====

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

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

YES 1 {BOX_08}
NO 2 {BOX_08}
REF -7 {BOX_08}
DK -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
LISTED IN RU' IN HP16.

BOX_08

=====

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

OTHERWISE, CONTINUE WITH LOOP_03

LOOP_03

=====

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

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

BOX_09

=====

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

END_LP03

=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02

=====

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

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

BOX_10

=====

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

OTHERWISE, CONTINUE WITH HP18

HP18

=====

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

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there
another health insurance plan that anyone in the family obtains
from (a/an) {CATEGORY NAME FROM HX03 OR HX23}?

YES 1 {END_LP01}
NO 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

| FOR 'CATEGORY NAME FROM HX03 OR HX23', DISPLAY |
| THE CATEGORY TEXT FROM HX03 OR HX23. SEE NOTE BOX |
AT BEGINNING OF HP SECTION FOR DETAILS.

END_LP01

=====

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
ESTABLISHMENT NAME.

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND |
CONTINUE WITH BOX_11

BOX_11

=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.