

**Current Population Survey (CPS)  
Annual Social and Economic (ASEC) Supplement  
March 2013 Content Test  
Health Insurance Module Flow Document  
September 18, 2012**

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## OVERVIEW

This experimental module represents an alternative to the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) approach to measuring health insurance coverage. The purpose of the experimental module (the “Redesign”) is to capture health coverage status (covered or not), type of plan, and months of coverage (from January 1 of the previous calendar year until the date of interview in March) for all household members. Although these specifications will be implemented in the CPS ASEC 2013 content test, for purposes of generic specifications the year 2013 is designated as “current year” (or CY) and 2012 is designated as “CY-1” (current year minus one). The questionnaire allows for capture of coverage through multiple concurrent plans, multiple transitions from one plan type to another, and transitions on-and-off the same plan type across the reference period- all within an efficient instrument design minimizing respondent burden.

In 2014 the Affordable Care Act (ACA) is set to go into effect and one of the main features of the ACA is health insurance “Exchanges.” These are joint federal-state partnerships designed to create a marketplace of private health insurance options for individuals and small businesses. Since 2006 Massachusetts passed legislation very similar to the ACA, including the Exchange feature. The Census Bureau teamed with contractors to conduct cognitive testing of questions embedded within the Redesign asking Massachusetts residents if their coverage was obtained through the Exchange. The next step is to field test these questions in Massachusetts and possibly other states that have a viable Exchange up and running by 2013.

This questionnaire is designed for administration in both states that do and do not have an Exchange program. The majority of the questionnaire is unaffected by Exchange questions; that is, most of the questions, wording, response categories and skip patterns are identical regardless of whether the state offers an Exchange. However, where there are question-level differences, a fill will indicate the difference in question wording, response category and/or skip logic.

### The Household Respondent

The series begins by asking whether the household respondent (i.e.: Person 1) has coverage now and, if so, the type of coverage. We then ask whether that coverage started before or after January 1, 2012 and, if after January, we ask for the start month. In either case, we ask whether the coverage was continuous from the reported start date, and if so we infer that the coverage lasted from that start date through to the date of the interview. If the coverage was not continuous we determine the start month of the current spell of coverage, and what other months between January 1, 2012 and the start date the respondent also had coverage from that same plan or plan type. We then determine whether any other household members are also covered by that same plan and, if so, whether they were covered during the same months as the household respondent.

We then check for any gaps in coverage for the household respondent between January 1, 2012 and the interview month. If there were gaps we ask about coverage from any other plan during those specific months. If coverage is reported for those months we go through the same routine

described above to capture details (plan type, months of coverage, other household members also covered, etc.). For all respondents (those with and without gaps) we ask if they currently have, or had at any time during 2012, any coverage in addition to that already reported. If so, again the same routine on plan type, months, etc. is followed.

## Other Household Members

The Redesign instrument is designed to limit respondent burden regarding questions about any subsequent household members on the roster by tracking and harnessing any information about their coverage that has already been reported. Once the entire series is administered for Person 1 we move on to Person 2, with a brief introduction (“Next I’d like to ask you about [Person 2].”). At this point the instrument checks to see if Person 2 was mentioned as being covered by any of the same plan(s) that were already reported to cover Person 1. If so the instrument checks for any gaps in Person 2’s coverage (throughout the 15-month reference period), and then asks two wrap-up questions – whether Person 2 has or had any coverage in addition to the coverage already captured during the course of Person 1’s interview. If yes to any of these questions, the routine described above is followed to determine the plan type, months of coverage, and whether any other household members are also covered under that plan. If Person 2 was not mentioned during Person 1’s interview as being covered, the series begins “from scratch” for Person 2 – from the first basic question on whether they have any type of coverage, if so what plan type, what months of coverage, and so on.

The series then repeats in this fashion for Person 3, and the instrument checks for any coverage already reported for Person 3 during the course of interviewing for *both* Person 1 and Person 2. The series continues through the entire household roster (regardless of age) in this same way until each person has been asked about explicitly.

## Leaders vs. Followers

To facilitate a description of the flow of the instrument we introduce the terms “leader” and “follower.” This status is only meaningful for the purpose of directing a given respondent through the instrument correctly; it has nothing to do with policyholder or dependent relationships. A leader is the first person for whom a given plan was reported, and a follower is any person who is reported to also be covered by that plan. Leaders and followers are defined simply based on the somewhat arbitrary order in which household members were listed on the roster, and which household members share the same plan type.

For example, if a husband (the respondent) is listed on the household roster as Person 1 and his wife is listed as Person 2, and they are both covered by the wife’s plan through her job, the coverage will first be discussed during questions about the husband’s sources of coverage. When job-based coverage is reported for him, a question will be asked to identify the policyholder, at which point his status as a dependent and his wife’s status as the policyholder will be determined. But the husband will be defined as the leader since it was during his interview that the plan was first reported. Other household members (the wife and any other dependents) will then be defined as followers on the wife’s job-based plan.

One other important aspect of this process is that a person can be both a leader and a follower on different plans. In the previous example, the wife was initially defined as a follower on her own job-based plan. As such, her portion of the interview would begin with the wrap-up questions about whether she has or had any plans in addition to the job-based plan. Let's assume that her job-based plan only started a few months before the interview, and that prior to that coverage she had a directly-purchased plan which covered her and her child, but not her husband. During her portion of the interview, this directly-purchased plan would be identified and the wife would be considered the leader on the plan since it was during her portion of the interview that the plan was first reported. When it is reported that her child was also covered, the child would be identified as a follower.

## Instrument Structure and Sections

The Redesign instrument has five main sections – A through E. Section A determines whether a health insurance plan exists for a given household member, and if so, the “Current Loop” is administered. The Current Loop consists of three sections. Section B identifies the specific plan type (Medicaid, military, etc.), Section C identifies the months the leader was covered, and Section D determines whether any other household members were also covered and, if so, the months they were covered. There is also a “Past Loop” series. This is very similar to the Current Loop, and contains Sections A thru D, except that the questions are asked in the past tense, and Section C (on months of coverage) is simpler. Section E contains questions on employer-sponsored insurance (ESI) take-up.

## COUNTER Variable

The instrument is programmed to track the number of plans reported at the person-month level via a variable called “COUNTER.” This variable is critical to determining the flow of the instrument. Outside the main sections A through D there are individual questions asking about any gaps in coverage, and additional concurrent and past plans. The COUNTER variable determines if and when these questions are asked. As a convention all of these items begin with “ADD,” they indicate whether the question pertains to a leader or a follower through the “\_L/F” suffix, and they indicate the sequence of reported plan (first or second) using a 1 or 2 in the suffix. For example, AddGap1\_L asks about the first gap in a leader's coverage. If additional plans are identified via these “ADD” questions, the Current or Past Loop is administered, but using the appropriate suffix (e.g.: \_LC2 for a leader's current second plan). In total there is space allocated in the instrument to collect detailed information for up to two current and two past plans for each leader and each follower. And since any given person could be reported as a leader or a follower, in total there are up to eight paths or “loops” allocated to each person. In addition, after asking about and collecting detail on up to two current and past plans, the instrument checks for any more gaps in coverage via ADDGAP2\_L/F. If plans are identified, a single question on months of coverage is asked (GAPMNTHS\_L/FPR) but no other details (the plan type is considered “other”). Table 1 below displays the key items that lead in to each detailed loop, and the suffix.

The COUNTER variable should be initialized to zero for each person-month, and specifications throughout this document (in red font) and in SPIDER indicate when to increase the person-

month field by one. The convention for indicating which month and year are “CM” (for current month) and, as noted above, “CY” (for current year), and M1 always indicates January.

**Table 1: Health Coverage “Loops” and their Entry Variables**

PLAN	ENTRY VARIABLES	PLAN DETAILS (suffix of variables in Sections B-D)
Leader’s First Current Plan	MCARE1=yes ANYCOV=yes MCAID=yes MCARE2=yes OTHGOVT=yes EXCHNG=yes VERIFY=no	LC1
Leader’s Second Current Plan	AddNow_L=yes	LC2
Leader’s First Past Plan	AddGap1_L=yes	LP1
Leader’s Second Past Plan	AddPast_L=yes	LP2
Leader’s Remainder Past Plan	AddGap2_L=yes	LPR
Follower’s First Current Plan	AddNow_F=yes	FC1
Follower’s Second Current Plan	AddNow2_F=yes	FC2
Follower’s First Past Plan	AddGap1_F=yes	FP1
Follower’s Second Past Plan	AddPast_F=yes	FP2
Follower’s Remainder Past Plan	AddGap2_F=yes	FPR
PLAN	ENTRY VARIABLES	PLAN DETAILS (months only) (suffix of GAPMNTHS_ variable)
Leader’s Remainder Past Plan	AddGap2_L=yes	LPR
Follower’s Remainder Past Plan	AddGap2_F=yes	FPR

After health coverage status has been asked about for all household members, the instrument loops through the household roster and any member who was reported to be currently employed (in the last week) but was not reported to be a current policyholder on an ESI plan enters Section E. The section, based on a module originally fielded within CPS, contains four questions. Two questions determine whether the person’s employer offers coverage and whether the employee is eligible. If eligible the third question determines why the employee opted out of the coverage; if not eligible the fourth question determines the reasons for ineligibility.

### Coverage Type Pre-Edit Specifications

For each person the instrument will render data on plan type and months of coverage. These coverage flags will be produced through edits in post-processing. The full edits are documented separately, but the general specifications are shown embedded within the instrument in blue font. These specifications indicate when sufficient information has been gathered to indicate a specific plan type (in Section B), months of coverage for the leader (in Section C) and months of coverage for followers (in Section D). Below are the 11 plan types and the label used. The list includes the Indian Health Service, though for reporting purposes the Census Bureau does not consider this comprehensive coverage. It is included in the specifications because it is treated like other plans in terms of asking if others in the household are also covered. The specifications will refer to the specific plan type whenever possible, but when an instruction applies to any of the 11 plan types the generic O\_PLANTYPE is used. Also, the conventions for months are the same as described in COUNTER above.



1. O\_JOBPOL: job-based policyholder
2. O\_JOBDEP: job-based dependent
3. O\_JOBDK: job-based, don't know if policyholder or dependent
4. O\_DIRPOL: directly-purchased policyholder
5. O\_DIRDEP: directly-purchased dependent
6. O\_DIRDK: directly-purchased, don't know if policyholder or dependent
7. O\_MCARE: Medicare
8. O\_MCAID: Medicaid, CHIP or other government plan
9. O\_MIL: military coverage, including VA
10. O\_OTHER: other
11. NO\_IHS: Indian Health Service
12. O\_UNINS: uninsured states was verified

The Redesign captures more detail than the CPS in the case of military coverage and coverage from someone outside the household. With regard to military plans, in the CPS there is an explicit question on ESI coverage and another for military-related coverage, though in many cases these plan types overlap. For example, a person on active duty in the military could consider this both ESI and military coverage. It is not clear if that type of respondent would report the ESI/military plan twice in the CPS – at both the ESI and the military questions – or only once. And if they reported it only once, which question (ESI or military) would take precedence. In the Redesign we have the opportunity to capture both descriptors for the same plan, because all ESI plans (reported at SRCEGEN) are asked if the plan is related to the military (at MILPLAN). We furthermore determine whether the person is the policyholder or dependent on the ESI/military plan. For purposes of the plan type specifications we have chosen a hierarchy, prioritizing the military connection over the ESI and policyholder/dependent detail. This is why the specifications call for flagging the ESI plan type only if O\_MIL was not already flagged for that plan. The analyst can use the O\_MIL flag in combination with POLHOLDER data to essentially “covert” the O\_MIL plans to their respective EMPPOL or EMPDEP categories based on POLHOLDER if desired.

Regarding plans of someone outside the household, similar to the ESI/military situation, the CPS contains questions that are not necessarily mutually exclusive. These plans could be reported at the ESI and/or direct-purchase question, and then again at the question on coverage of someone outside the household. In the Redesign we handle this by flagging the plan as EMPDEP or DIRDEP accordingly, but we also create a flag (OUTFLAG) to indicate whether the ESI or directly-purchased coverage was provided by someone outside the household.

Finally, at the point where sufficient information has been gathered to indicate that the plan is from the exchange, specifications will indicate the flag EXFLAG should be filled with a Y.



## INSTRUMENT CONTENT

### Flags and Fills

#### Exchange State Flag

Each state will have a flag indicating whether the Exchange is relevant.

Flag name: EXCH

Flag content:

- If EXCH = 1 then the Exchange is relevant in that state. (NOTE: Exchange-related items and changes to wording and skip patterns are shown in **green font**).
- If EXCH = 0 then the Exchange is not relevant in that state.

#### Exchange Program Name Flag

Some states will have particular names for their Exchange programs (described in II.A.5 below) and some will only have a portal but no specific names for the programs. Each state will have a flag indicating whether or not it uses specific names for its Exchange programs.

Flag name: EXNAME

Flag content:

- If EXNAME=1 then the state has at least one name for an Exchange program
- If EXNAME=0 then the state has no program names, only a portal

#### Plan Type Fill

There are several instances where a question needs to display the particular plan type reported by the respondent earlier in the interview. Following are specifications:

Fill name: PLANTYPE

Fill content:

- if plan is military-related (MILPLAN=yes) or GOVTYPE=military):
  - if MILTYPE =1 thru 5 fill: [plan type selected in MILTYPE]
  - else if MILTYPE=6, DK or RF fill: “a military plan”
- else if plan is job-related (SRCEGEN=job OR JOBCOV=yes OR SRCEBIZ=former employer or SRCEPTSP=job) and
  - NAME was selected in POLHOLDER fill: “a plan through your job”
  - A name was selected in POLHOLDER but it was someone within the hh other than NAME fill: “a plan through [policyholder]’s job”
  - POLHOLDER=DK or RF fill: “a plan through someone’s job”
- else if plan is union/business assn-related (SRCEBIZ=union/business assn) and
  - NAME was selected in POLHOLDER fill: “a plan through your union or business association”
  - A name was selected in POLHOLDER but it was someone within the hh other than NAME fill: “a plan through [policyholder]’s union or business association”

- o POLHOLDER=DK or RF fill: “a plan through someone’s union or business association”
- Else if plan is directly-purchased (SRCEDEPDIR or SRCEPTSP=buy it) and
  - o EXCHTYPE=1-3 then:
    - if NAME was selected in POLHOLDER fill: “your [text of response category 1-3]”
    - if a name was selected in POLHOLDER but it was someone within the hh other than NAME fill: “[policyholder’s] [text of response category 1-3]”
    - if POLHOLDER=DK, RF or “outside hh” fill: “[text of response category 1-3]”
  - o else if PORTAL=1 then:
    - if NAME was selected in POLHOLDER fill: “your [STPORTAL] plan”
    - if a name was selected in POLHOLDER but it was someone within the hh other than NAME fill: “[policyholder’s] [STPORTAL] plan”
    - if POLHOLDER=DK, RF or “outside hh” fill: “an [STPORTAL] plan”
  - o else:
    - if NAME was selected in POLHOLDER fill: “a plan you buy”
    - if a name was selected in POLHOLDER but it was someone within the hh other than NAME fill: “a plan that [policyholder] buys”
    - if POLHOLDER=DK or RF fill: “a plan that someone buys”
- Else if POLHOLDER=”Outside HH” fill: “a plan of someone outside the household”
- Else if plan is school-based (SRCEMISC=school) fill: “your plan through school”
- Else if plan is Medicare (MCARE1 or MCARE2 = yes) OR GOVTYPE=Medicare fill: “Medicare”
- Else if plan is Medicaid or “other/DK/REF” coverage (MCAID=yes or OTHGOVT=yes or SRCEMISC=other/DK/REF or GOVTYPE=Medicaid, Medical Assistance, SCHIP or Other/DK/REF or SRCEPTSP=Other/DK/REF) then:
  - o if GOVPLAN=1 thru 16 fill “[text of response category 1-16]”
  - o else if GOVPLAN=17 or 18 fill “[open-text write-in from MISCSPEC]”
- else if plan is Indian Health Service (SRCEMISC=IHS) fill: “the Indian Health Service”
- else if MISCSPEC=blank fill: “a plan”

### State-Specific Government Assistance Health Program Name Fills

Several items include fills for state-specific program names for Medicaid, CHIP and other state-sponsored government programs. States vary in the number of names they use for these programs, and the names could change from year to year. SEHSD reviews the list of program names provided by SHADAC on an annual basis (in the fall) to determine what specific program names should be used as fill content. As a default there is a maximum of nine state-specific program names across the three programs (Medicaid, CHIP and other government programs). Furthermore, these programs often have overlapping names (for example, in some states the same program name is used for Medicaid and CHIP) and the Census Bureau aggregates coverage through any of these three types of programs into one category of public coverage. Throughout these specifications, therefore, no substantive distinction will be made between the three programs, and the term “Medicaid” will be used as a proxy for coverage through Medicaid,

CHIP as well as other government programs.

Fill name and content:

- STMCAID1=1<sup>st</sup> state-specific name for Medicaid
- STMCAID2=2nd state-specific name for Medicaid
- Etc.
- STMCAID9=9th state-specific name for CHIP

### **State-Specific Exchange Program Name Fills**

There will also be state-specific names of Exchange programs in some states. As with state-specific names for government programs, we have set a default of up to three state-specific names for Exchange programs. Following are specifications for Massachusetts (note there may be additional states):

Massachusetts fill name and content:

- STPORTAL="the Health Connector"
- STEXCH1="Commonwealth Care"
- STEXCH2="Commonwealth Choice"
- STEXCH3="[placeholder]"

## Redesigned Questionnaire

### Section A: Coverage Status

**Section Overview:** The purpose of this section is to identify whether household members have any type of coverage at all. For those aged 65+ or disabled, the series begins with a question on Medicare. For all others the series begins with a basic question on whether the person is covered or not. If they are covered, they immediately skip to the next section (Section B: Plan Type) in order to identify the particular type of coverage. If they say “no” to the basic question on coverage, there is a series of follow-up questions that explicitly prompt the respondent about Medicare, Medicaid and other government coverage (these plan types are often underreported because respondents don’t think of them as “health insurance”), and there is a final question asking about Exchange programs. If Medicare is reported in these follow-up questions the respondent skips immediately to the section on months of coverage (Section C). If another plan type is reported in these follow-up questions then the respondent skips to Section B in order to identify the specific plan type. If no coverage is reported in the follow-up questions the respondent is asked to verify that they do not currently have insurance.

#### HINTRO

[First time read fill: These next questions are about health coverage from January, [CY-1] up until now. First I’d like to ask you about any coverage YOU/NAME has/have NOW.]

[Second time read fill: Now I’d like to ask you about any coverage you/NAME has NOW.]

< 1 > Continue => CK-MCARE1

#### CK-MCARE1

Is NAME either 1) 65+, or 2) Disabled (has at least one of the six questions on disability equal to yes OR PUABS [“Last week did you have a job either full or part-time”]=Disabled)?

- Yes => MCARE1
- No => [ANYCOV](#)

#### MCARE1

Medicare is the health insurance for people 65 years and older, or people under 65 with disabilities. [Are you/Is NAME] NOW covered by Medicare?

**READ IF NECESSARY:** There are two programs that sound a lot alike. MediCARE is for people 65 years and older or people under 65 with disabilities. MediCAID is a government-assistance program for those with low-incomes or a disability. And there is also a third program called CHIP which is for children in low-income families.

**INTERVIEWER INSTRUCTION:** CODE MEDIGAP AND MEDICARE PARTS A, B and C AS “YES”.

< 1 > Yes       => Add 1 to COUNTER, CM/CY; Store Y in O\_MCARE, CM/CY => [BEFORAFT LC1](#)

< 2 > No       => [ANYCOV](#)

< -2 > DK       => [ANYCOV](#)

< -3 > RF       => [ANYCOV](#)

## ANYCOV

[Do you/Does NAME] NOW have any type of health plan or health coverage?

- < 1 > Yes => Add 1 to COUNTER, CM/CY; [SRCEGEN LC1](#)
- < 2 > No => MCAID
- < -2 > DK => MCAID
- < -3 > RF => MCAID

## MCAID

[Are you/Is NAME] NOW covered by Medicaid, Medical Assistance, CHIP, or any other kind of government assistance program that helps pay for health care?

**READ IF NECESSARY:** There are two programs that sound a lot alike. MediCARE is for people 65 years and older or people under 65 with disabilities. MediCAID is a government-assistance program for those with low-incomes or a disability. And there is also a third program called CHIP which is for children in low-income families.

**INTERVIEWER INSTRUCTION:** CODE STMCAID1-STMCAID9 AS “YES”

- < 1 > Yes => Add 1 to COUNTER, CM/CY; GOVPLAN\_LC1
- < 2 > No => CK-MCARE2
- < -2 > DK => CK-MCARE2
- < -3 > RF => CK-MCARE2

## CK-MCARE2

Was MCARE1 already asked?

- Yes => [OTHGOVT](#)
- No => MCARE2

## MCARE2

Medicare is the health insurance for people 65 years and older, or people under 65 with disabilities. [Are you/Is NAME] NOW covered by Medicare?

**READ IF NECESSARY:** There are two programs that sound a lot alike. MediCARE is for people 65 years and older or people under 65 with disabilities. MediCAID is a government-assistance program for those with low-incomes or a disability. And there is also a third program called CHIP which is for children in low-income families.

**INTERVIEWER INSTRUCTION:** CODE MEDIGAP AND MEDICARE PARTS A, B and C AS “YES”.

- < 1 > Yes => Add 1 to COUNTER, CM/CY; Store Y in O\_MCARE, CM/CY => BEFORAFT\_LC1
- < 2 > No => [OTHGOVT](#)
- < -2 > DK => [OTHGOVT](#)
- < -3 > RF => [OTHGOVT](#)

## OTHGOVT

[Are you/Is NAME] NOW covered by any kind of health plan, such as [STMCAID1-STMCAID9]?

**INTERVIEWER INSTRUCTION:** CODE MEDICAID AND CHIP AS “YES”.

- < 1 > Yes => Add 1 to COUNTER, CM/CY GOVPLAN\_LC1
- < 2 > No => [CK-EXCHNG](#)
- < -2 > DK => [CK-EXCHNG](#)
- < -3 > RF => [CK-EXCHNG](#)

### CK-EXCHNG

- If EXCH=1 then => EXCHNG
- Else if EXCH=0 then => [VERIFY](#)

### EXCHNG

[Are you/Is NAME] NOW covered by any kind of health plan through [STPORTAL] [if EXNAME=1 fill: such as STEXCH1, STEXCH2 or STEXCH3]?

- < 1 > Yes => Add 1 to COUNTER, CM/CY; Store Y in EXFLAG => CK-EXCHTYPE
- < 2 > No => VERIFY
- < -2 > DK => VERIFY
- < -3 > RF => VERIFY

### VERIFY

OK, I have recorded that [you are/NAME is] not covered by any kind of health plan or health coverage. Is that correct?

- < 1 > Yes, not covered => Store Y in O\_UNINS, CM => [ADDPAST\\_L](#)
- < 2 > No, you/NAME is covered => SRCEGEN\_LC1
- < -2 > DK => Store D in O\_UNINS, CM [ADDPAST\\_L](#)
- < -3 > RF => Store R in O\_UNINS, CM [ADDPAST\\_L](#)

## Section B: Plan Type (Current Loop)

**Section Overview:** The purpose of this section is to identify the plan type (e.g.: Medicare, military, job-based policyholder, etc.) for current plans reported in Sections A, or through the “ADD” questions.

### SRCEGEN\_LC1

ASK OR VERIFY

[If first time asked fill: In order to better understand peoples’ health care needs, we’d like to learn more about how they GET their coverage. For the coverage YOU/NAME has/have now] [Do you/Does NAME] get [if first time asked fill: it/else fill: that coverage] through a job, the government or state, or some other way?

**PROBE:** "Job" includes coverage from someone’s own job as well as coverage from a spouse’s or parent’s job.

**PROBE:** Include coverage through former employers and unions, and COBRA plans.

**PROBE:** If this coverage is provided through a job with the government or the military, consider that coverage through a job.

**PROBE IF R CHOOSES MORE THAN ONE:** Ok let’s talk about one plan at a time. Which would you like to tell me about first?

- < 1 > Job (current or former) => [MILPLAN\\_LC1](#)
- < 2 > Government or State => [JOBCOV\\_LC1](#)
- < 3 > Other way => [SRCEDEPDIR\\_LC1](#)
- < -2 > DK => [SRCEDEPDIR\\_LC1](#)
- < -3 > RF => [SRCEDEPDIR\\_LC1](#)

### SRCEDEPDIR\_LC1

ASK OR VERIFY

How [do you/does NAME] get that coverage? Is it through a parent or spouse, [do you/does NAME] buy it [yourself/himself/herself], or [do you/does he/she] get it some other way?

**PROBE:** If a parent/spouse buys the coverage (both 1 and 2), then code <2> for “Buy it”.

- <1> Parent or spouse => [POLHOLDER\\_LC1](#)
- <2> Buy it => [POLHOLDER\\_LC1](#)
- <3> Some other way => [SRCEBIZ\\_LC1](#)
- < -2 > DK => [SRCEBIZ\\_LC1](#)
- < -3 > RF => [SRCEBIZ\\_LC1](#)

### SRCEBIZ\_LC1

ASK OR VERIFY

[Do you/Does NAME] get it through a former employer, a union or business association, or some other way?

- <1> Former employer => [POLHOLDER\\_LC1](#)
- <2> Union or business association => [POLHOLDER\\_LC1](#)
- <3> some other way => [SRCEMISC\\_LC1](#)
- < -2 > DK => [GOVPLAN\\_LC1](#)
- < -3 > RF => [GOVPLAN\\_LC1](#)

### SRCEMISC\_LC1

[Do you/Does NAME] get it through the Indian Health Service, a school, or some other way?

- < 1 > Indian Health Service => [Store Y in NO\\_IHS, CM/CY](#) => BEFORAFT\_LC1
- < 2 > School => POLHOLDER\_LC1
- < 3 > Other way => [GOVPLAN\\_LC1](#)
- < -2 > DK => [GOVPLAN\\_LC1](#)
- < -3 > RF => [GOVPLAN\\_LC1](#)

### JOBCOV\_LC1

Is that coverage related to a JOB with the government or state?

**PROBE:** Include coverage through FORMER employers and unions, and COBRA plans.

- < 1 > Yes => MILPLAN\_LC1
- < 2 > No => [GOVTYPE\\_LC1](#)
- < -2 > DK => [GOVTYPE\\_LC1](#)
- < -3 > RF => [GOVTYPE\\_LC1](#)

**Soft edit:** If “yes” and no one in the household was reported to have a job in the government sector (PUIO1COW ne (1,2,3,10) for any household member) then ask soft edit: “Can I just check -- I recorded that this coverage is related to a JOB. Is that correct?”

- ◆If this is correct, suppress and continue.
- ◆If this is not correct, go back to JOBCOV\_LC1 and correct

### MILPLAN\_LC1

ASK OR VERIFY

Is that plan related to military service in any way?

- < 1 > Yes => [Store Y in O\\_MIL, CM/CY](#) => [MILTYPE\\_LC1](#)
- < 2 > No => [POLHOLDER\\_LC1](#)
- < -2 > DK => [POLHOLDER\\_LC1](#)
- < -3 > RF => [POLHOLDER\\_LC1](#)

### GOVTYPE\_LC1

ASK OR VERIFY

What type of coverage is it – Medicaid, CHIP, Medicare, military or VA care, or some other type of coverage?

**PROBE IF R CHOOSES MORE THAN ONE:** Ok let’s talk about one plan at a time. Which would you like to tell me about first?

**READ IF NECESSARY:** There are two programs that sound a lot alike. MediCARE is for people 65 years and older or people under 65 with disabilities. MediCAID is a government-assistance program for those with low-incomes or a disability. And there is also a third program called CHIP which is for children in low-income families.

**INTERVIEWER INSTRUCTION:**

- CODE STMCAID1-STMCAID9 AS “MEDICAID”
- CODE MEDIGAP AND MEDICARE PARTS A, B and C AS “MEDICARE”.
- CODE STPORTAL, STEXCH1, STEXCH2 AND STEXCH3 AS “OTHER”

- < 1 > Medicaid, Medical Assistance, CHIP => GOVPLAN\_LC1
- < 2 > Medicare => [Store Y in O\\_MCARE, CM/CY](#) MCARE soft edit; => [BEFORAFT\\_LC1](#)
- < 3 > Military or VA care => [Store Y in O\\_MIL, CM/CY](#) => MILTYPE\_LC1
- < 4 > Other => [GOVPLAN\\_LC1](#)
- < -2 > DK => [GOVPLAN\\_LC1](#)



< -3 > RF => [GOVPLAN\\_LC1](#)

**Soft edit:** if NAME is under 65 and not disabled ask: “There are two programs that sound a lot alike. MediCARE is for people 65 years and older, or people under 65 with disabilities. MediCAID is a government-assistance plan for those with low-incomes or a disability. Just to be sure, which program are you/is NAME covered by?”

◆If Medicare is correct, suppress and continue.

◆If Medicare is not correct, go back to GOVTYPE\_LC1 and correct.

### **MILTYPE\_LC1**

ASK OR VERIFY

Which plan [are you/is NAME] covered by? Is it TRICARE, TRICARE for Life, CHAMPVA, Veterans Administration care, military health care, or something else?

<1> TRICARE

<2> TRICARE for Life

<3> CHAMPVA

<4> Veterans Administration care

<5> Military health care

<6> Other

< -2 > DK

< -3 > RF

If MILTYPE=(all) => POLHOLDER\_LC1

### **POLHOLDER\_LC1**

ASK OR VERIFY

Whose name is the policy in? [NOTE: Spanish version: Whose name is the health insurance policy in?]

< display household roster >

< 1 > *household member 1*

< 2 > *household member 2*

.....

< 16 > *household member 16*

<17> Someone living outside the household

< -2 > DK

< -3 > RF

if POLHOLDER\_LC1=(all) => [CK-SRCEPTSP\\_LC1](#)

Store Y, CM/CY:

- if plan is job-related (SRCEGEN=1 OR JOBCOV=1 OR SRCEBIZ= 1 or 2)
  - o and the name selected as policyholder is NAME: if O\_MIL ne Y store Y in O\_JOBPOL
  - o and the name selected as policyholder is within the hh but NOT NAME: if O\_MIL ne Y store Y in O\_JOBDEP
  - o and POLHOLDER=17 (outside hh): store Y in OUTFLAG and if O\_MIL ne Y and store Y in O\_JOBDEP
  - o and POLHOLDER=DK/RF: if O\_MIL ne Y store Y in O\_JOBDK
- o if plan is directly-purchased (SRCEDEPDIR=2) or school-based (SRCEMISC=2)
  - o and the name selected as policyholder is NAME: store Y in O\_DIRPOL
  - o and the name selected as policyholder is within the household but NOT the same person as NAME: store Y in O\_DIRDEP
  - o and POLHOLDER=17 (outside hh): store Y in OUTFLAG and store Y in O\_DIRDEP
  - o and POLHOLDER=DK/RF: store Y in O\_DIRDK

### CK-SRCEPTSP\_LC1

- If SRCEDEPDIR\_LC1=1 then => [SRCEPTSP\\_LC1](#)
- Else if SRCEDEPDIR\_LC1=2 and EXCH=1 then => [PORTAL\\_LC1](#)
- Else => [CK-HIPAID\\_LC1](#)

### SRCEPTSP\_LC1

ASK OR VERIFY

Do they get that coverage through their job, do they buy it themselves, or do they get it some other way?

< 1 > Job (current or former) => If O\_MIL ne 1 then store Y in O\_JOBDEP, CM/CY => [HIPAID\\_LC1](#)

< 2 > Buy it => If O\_MIL ne 1 then store Y in O\_DIRDEP, CM/CY; if EXCH=1 then =>

[PORTAL\\_LC1](#)/if EXCH=0 then => [BEFORAFT\\_LC1](#)

< 3 > Some other way=> GOVPLAN\_LC1

< -2 > DK => GOVPLAN\_LC1

< -3 > RF => GOVPLAN\_LC1

### GOVPLAN\_LC1

ASK OR VERIFY

What do you call the program?

**PROBE IF R ANSWERS WITH INSURANCE COMPANY NAME:** OK, so that would be the plan name. What do you call the program? Some examples of programs in [STATE] are [STMCAID1-9, STEXCH1-3 and other plans thru STPORTAL].

< 1 > Medicaid

< 2 > Medical Assistance

< 3 > CHIP (the State Children's Health Insurance Program)

< 4 > STMCAID1

< 5 > STMCAID2

< 6 > STMCAID3

< 7 > STMCAID4

< 8 > STMCAID5

< 9 > STMCAID6

< 10 > STMCAID7

< 11 > STMCAID8

< 12 > STMCAID9

If EXCH=1 then add the following response categories 13-16:

< 13 > STEXCH1

< 14 > STEXCH2

< 15 > STEXCH3

< 16 > Other plan through [STPORTAL]

< 17 > other government plan

< 18 > other/specify

< -2 > DK

< -3 > RF

NOTE: The number of STMCAIDs and STEXCHs will vary by state. However, text for response categories 17, 18, DK and RF are fixed. Storage Instructions:

<1-12> store Y in O\_MCAID, CM/CY

<13-16> store Y in EXFLAG

<17> If EXCH=0 then store Y in O\_MCAID, CM/CY

<18,D,R> if EXCH=0 and

- if MCAID=1 or OTHGOVT=1 or GOVTYPE=1,4,D,R then store Y in O\_MCAID, CM/CY
- else store Y in O\_OTHER, CM/CY

Skip Instructions

- If GOVPLAN\_LC1= (17,18,D,R) => MISCSPEC\_LC1
- Else if GOVPLAN\_LC1=13-16 => POLHOLDER2\_LC1
- Else if EXCH=1 then => PORTAL\_LC1
- Else => [BEFORAFT\\_LC1](#)

**MISCSPEC\_LC1**

[open text; 65 characters]

If MISCSPEC=(all) =>

- if EXCH=1 then => PORTAL\_LC1
- if EXCH=0 then => [BEFORAFT\\_LC1](#)

**PORTAL\_LC1**

ASK OR VERIFY

Is that coverage through [STPORTAL], [if EXNAME=1 fill:, such as STEXCH1, STEXCH2 or STEXCH3]?

- < 1 > Yes       => CK-EXCHTYPE\_LC1
- < 2 > No         => CK-POLHOLDER2\_LC1
- < -2 > DK       => CK-POLHOLDER2\_LC1
- < -3 > RF       => CK-POLHOLDER2\_LC1

Storage Instructions:

<1> Store Y in EXFLAG

<2,D,R>

- if MCAID=1 or OTHGOVT=1 or GOVTYPE=1,4,D,R then store Y in O\_MCAID, CM/CY
- else store Y in O\_OTHER, CM/CY

**CK-EXCHTYPE\_LC1**

- If EXNAME=1 then => EXCHTYPE\_LC1
- Else if EXNAME=0 then => CK-POLHOLDER2\_LC1

**EXCHTYPE\_LC1**

ASK OR VERIFY

Which plan is it – STEXCH1, STEXCH2 or STEXCH3?

- < 1 > STEXCH1
- < 2 > STEXCH2
- < 3 > STEXCH3
- < -2 > DK
- < -3 > RF

Storage Instructions:

<all> Store Y in EXFLAG

If EXCHTYPE\_LC1=(all) => CK-POLHOLDER2\_LC1

### **CK-HIPAIID\_LC1**

Is Coverage Job or Union Based? (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1=(1 or 2) or SRCEPTSP\_LC1=1)

- Yes => [HIPAIID\\_LC1](#)
- No => [BEFOREAFT\\_LC1](#)

### **HIPAIID\_LC1**

Does (name's/your) employer or union pay for all, part, or none of the health insurance premium?

NOTE: Report here employer's contribution to employee's health insurance premiums, not the employee's medical bills.

- < 1 > All
- < 2 > Part
- < 3 > None
- < -2 > DK
- < -3 > RF

If HIPAIID\_LC1=(all) =>

- if EXCH=1 and NOEMP=1-3 (emp is a small business) then => SHOP\_LC1
- if EXCH=0 then => [BEFOREAFT\\_LC1](#)

### **SHOP\_LC1**

Small businesses can offer health coverage to their employees through [STPORTAL]. Is the coverage at all related to [STPORTAL], [if EXNAME=1 fill: which offers STEXCH1, STEXCH2 and STEXCH3]?

- < 1 > Yes => Store Y in EXFLAG
- < 2 > No
- < -2 > DK
- < -3 > RF

If SHOP=(all) => [BEFOREAFT\\_LC1](#)

### **CK-POLHOLDER2\_LC1**

Was POLHOLDER already asked?

- Yes => PREMYN\_LC1
- No => Is plan an Exchange plan? (GOVPLAN\_LC1=13-16 or PORTAL\_LC1=1 or EXCHTYPE\_LC1=(1, 2 or 3)
  - o Yes => POLHOLDER2\_LC1
  - o No => PREMYN\_LC1

### **POLHOLDER2\_LC1**

ASK OR VERIFY

Whose name is the policy in? [NOTE: Spanish version: Whose name is the health insurance policy in?]

< display household roster >

< 1 > *household member 1*

< 2 > *household member 2*

.....

< 16 > *household member 16*

<17> Someone living outside the household

< -2 > DK

< -3 > RF

if POLHOLDER2\_LC1=(all) => PREMYN\_LC1

o if the name selected as policyholder is NAME store Y in O\_DIRPOL, CM/CY

o if the name selected as policyholder is within the household but NOT the same person as NAME store Y O\_DIRDEP, CM/CY

o if POLHOLDER2=17 (outside hh): store Y in OUTFLAG store Y in O\_DIRDEP, CM/CY

o if POLHOLDER2=DK/RF: store Y in O\_DIRDK, CM/CY

### **PREMYN\_LC1**

Is there a monthly premium for this plan?

**READ IF NECESSARY:** A monthly premium is a fixed amount of money people pay each month to have health coverage.

< 1 > Yes                   => PREMSUBS\_LC1

< 2 > No                    => BEFORAFT\_LC1

< -2 > DK                  => BEFORAFT\_LC1

< -3 > RF                  => BEFORAFT\_LC1

### **PREMSUBS\_LC1**

Is the cost of the premium reduced based on [if single-person hh and NAME is policyholder fill: your/else fill: family] income?

< 1 > Yes

< 2 > No

< -2 > DK

< -3 > RF

if PREMYN\_LC1 = (all) => BEFORAFT\_LC1

## Section C: Months of Coverage (Current Loop)

**Section Overview:** The purpose of this section is to identify the months of coverage (from January, 2012 up thru the interview month) for current plans.

### BEFORAFT\_LC1

Did [your/NAME's] coverage from [PLANTYPE] start before or after January 1, [CY-1]?

**PROBE:** Your best estimate is fine.

If PLANTYPE is job-related (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1=(1 or 2) or SRCEPTSP\_LC1=1) fill:

**PROBE:** When we say "coverage" we mean any coverage through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

Else If PLANTYPE is directly-purchased (SRCEDEPDIR\_LC1=2 or SRCEPTSP\_LC1=2) fill:

**PROBE:** When we say "coverage" we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

< 1 > Before January 1, [CY-1]	=> <a href="#">CNTCOV_LC1</a>
< 2 > On or after January 1, [CY-1]	=> <a href="#">MNTHBEG1_LC1</a>
< -2 > DK	=> <a href="#">ANYTHIS_LC1</a>
< -3 > RF	=> <a href="#">ANYTHIS_LC1</a>

### MNTHBEG1\_LC1

In what month did that coverage start?

**PROBE:** Your best estimate is fine.

If PLANTYPE is job-related (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1=(1 or 2) or SRCEPTSP\_LC1=1) fill:

**PROBE:** When we say "coverage" we mean any coverage through [your/policyholder's] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

ELSE If PLANTYPE is directly-purchased (SRCEDEPDIR\_LC1=2 or SRCEPTSP\_LC1=2) fill:

**PROBE:** When we say "coverage" we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

Else display:

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

< 1 > January
< 2 > February
.....
< 12 > December
< -2 > DK
< -3 > RF

If MNTHBEG1\_LC1= (CM or earlier) => [YEARBEG1\\_LC1](#)

If MNTHBEG1\_LC1= (CM+1 or later) Store (CY-1) in [YEARBEG1\\_LC1](#) then => [CNTCOV\\_LC1](#)

If MNTHBEG1\_LC1= (D/R) => [ANYTHIS\\_LC1](#)

## YEARBEG1\_LC1

ASK OR VERIFY

And what year was that?

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

< 1 > CY-1 => [CNTCOV\\_LC1](#)

< 2 > CY => [CNTCOV\\_LC1](#)

< -2 > DK => [ANYTHIS\\_LC1](#)

< -3 > RF => [ANYTHIS\\_LC1](#)

## CNTCOV\_LC1

And has it been continuous since [if BEFORAFT\_LC1= 1 fill: January, CY-1/if BEFORAFT\_LC1=2 and valid month/year reported in MNTH/YRBEG1\_LC1 fill: [month and year from MNTH/YRBEG1]?

If PLANTYPE is job-related (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1=(1 or 2) or SRCEPTSP\_LC1=1) fill:

**PROBE:** When we say “coverage” we mean any coverage through [your/policyholder’s] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

ELSE If PLANTYPE is directly-purchased (SRCEDEPDIR\_LC1=2 or SRCEPTSP\_LC1=2) fill:

**PROBE:** When we say “coverage” we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

**PROBE:** If the gap in coverage was less than three weeks, consider the coverage “continuous.”

< 1 > Yes=>

- o If BEFORAFT\_LC1=before and NAME was born on or before January, CY-1: Add 1 to COUNTER, M1 through CM/CY
- o If BEFORAFT\_LC1=before and NAME was born after January, CY-1: Add 1 to COUNTER, birth month through CM/CY
- o If BEFORAFT\_CL1=after add 1 to COUNTER, starting with MNTHBEG1\_LC1/YEARBEG1\_LC1 thru CM/CY
- o If BEFORAFT=before store Y in O\_PLANTYPE, M1-CM/CY
- o else store Y in O\_PLANTYPE, month/year in MNTHBEG1/YEARBEG1 thru CM/CY => [CK-OTHEMEMB\\_LC1](#)

< 2 > No => add 1 to COUNTER in month selected in MNTHBEG1\_LC1/YEARBEG1\_LC1 => MNTHBEG2\_LC1

< -2 > DK => add 1 to COUNTER in month selected in MNTHBEG1\_LC1/YEARBEG1\_LC1 => MNTHBEG2\_LC1

< -3 > RF => add 1 to COUNTER in month selected in MNTHBEG1\_LC1/YEARBEG1\_LC1 => ANYTHIS\_LC1

## MNTHBEG2\_LC1

In what month did this most recent period of coverage start?

**PROBE:** Your best estimate is fine.

If PLANTYPE is job-related (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1=(1 or 2) or SRCEPTSP\_LC1=1) fill:

**PROBE:** When we say “coverage” we mean any coverage through [your/policyholder’s] employer. So if [you/policyholder] switched plans offered by the employer, or even switched employers, we still consider this all the same coverage.

ELSE If PLANTYPE is directly-purchased (SRCEDEPDIR\_LC1=2 or SRCEPTSP\_LC1=2) fill:

**PROBE:** When we say “coverage” we mean any coverage [you/policyholder] purchased directly. So if [you/policyholder] switched plans but they were all directly-purchased, we still consider this all the same coverage.

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

< 1 > January

< 2 > February

.....

< 12 > December

< -2 > DK

< -3 > RF

If month is CM+1 or greater, add 1 to COUNTER starting with month selected in MNTHBEG2\_LC1 thru CM/CY

If MNTHBEG2\_LC1= (CM or earlier) => YEARBEG2\_LC1

If MNTHBEG2\_LC1= (CM+1 or later) Store CY-1 in YEARBEG2 then store Y in O\_PLANTYPE, month/year in MNTHBEG2/YEARBEG2 thru CM => SPELLADD\_LC1

If MNTHBEG2\_LC1= (D/R) => ANYTHIS\_LC1

#### **YEARBEG2\_LC1**

ASK OR VERIFIFY

And what year was that?

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

< 1 > [CY-1] => SPELLADD\_LC1

< 2 > [CY] => SPELLADD\_LC1

<1,2> Store Y in O\_PLANTYPE, month/year in MNTHBEG2/YEARBEG2 thru CM/CY

< -2 > DK => ANYTHIS\_LC1

< -3 > RF => ANYTHIS\_LC1

Add 1 to COUNTER starting with MNTHBEG2\_LC1/YEARBEG2\_LC1 thru CM/CY

#### **SPELLADD\_LC1**

So far I have recorded that you were covered by [PLANTYPE] in [read months covered]. Were there any OTHER months between January [CY-1] and now that [you were/NAME was] also covered by [PLANTYPE]?

< 1 > Yes => ANYTHIS\_LC1

< 2 > No => CK-OTHEMEMB\_LC1

< -2 > DK => CK-OTHEMEMB\_LC1

< -3 > RF => CK-OTHEMEMB\_LC1

#### **ANYTHIS\_LC1**

What months [were you/was NAME] covered by [PLANTYPE] THIS year – in [CY]?

(choose all months that apply, or DK or R)

< 1 > January [CY-1]

< 2 > February [CY-1]

.....

<12> December [CY-1]

<13> January [CY]

<14> February [CY]

< 15 > March [CY]



< 16 > April [CY]  
< 20 > All months from January [CY-1] until now  
< 21 > No months from January [CY-1] until now  
=> [Store Y in O\\_PLANTYPE for months/years selected](#)  
< -2 > DK [Store D in O\\_PLANTYPE for all months of \[CY\]](#)  
< -3 > RF [Store R in O\\_PLANTYPE for all months of \[CY\]](#)  
If ANYTHIS\_LC1=(all) => ANYLAST\_LC1  
**Add 1 to COUNTER for all months/years selected, except for CM**

### **ANYLAST\_LC1**

What months [were you/was NAME] covered by [PLANTYPE] LAST year – in [CY-1]?

(choose all months that apply, or DK or R)

< 1 > January [CY-1]  
< 2 > February [CY-1]  
.....  
<12> December [CY-1]  
<13> January [CY]  
<14> February [CY]  
< 15 > March [CY]  
< 16 > April [CY]  
< 20 > All months from January [CY-1] until now  
< 21 > No months from January [CY-1] until now  
=> [Store Y in O\\_PLANTYPE for months/years selected](#)  
< -2 > DK => [Store D in O\\_PLANTYPE for all months of \[CY-1\]](#)  
< -3 > RF => [Store R in O\\_PLANTYPE for all months of \[CY-1\]](#)  
if ANYLASTCL1=(all) => CK-OTHEMEMB\_LC1  
**Add 1 to COUNTER for all months/years selected of CY-1**

### **CK-OTHEMEMB\_LC1**

Does this household have 2 or more members?

- Yes => [OTHEMEMB\\_LC1](#)
- No => [CK-ADDGAP1\\_L](#)

## Section D: Additional Household Members Covered by Plan (Current Loop)

**Section Overview:** The purpose of this section is to determine whether there are any followers on plans identified in Sections A-B for current plans reported in Sections A, E, or F.

### OTHMEMB\_LC1

And other than [you/NAME] is anyone else who is living or staying in this household ALSO covered by [PLANTYPE]?

**PROBE:** Please include the policyholder

- < 1 > Yes => [COVWHO\\_LC1](#)
- < 2 > No => [CK-OTHOUT\\_LC1](#)
- < -2 > DK => [CK-OTHOUT\\_LC1](#)
- < -3 > RF => [CK-OTHOUT\\_LC1](#)

**Hard edit:** If NAME is a dependent on a job or direct-purchase plan and OTHMEMB\_LC1 ne “yes” (that is, the respondent fails to report that the policyholder is also on the plan) store a “Yes”

### COVWHO\_LC1

Who? (Who else in this household is covered by [PLANTYPE])?

**PROBE:** Anyone else?

**PROBE:** Please include the policyholder

(choose all persons covered, or DK or R)

< display household roster >

< 1 > *household member 1*

< 2 > household member 2

.....

< 16 > *household member 16*

< 20 > All household members

< 21 > No household members

(all) => Store Y in O\_PLANTYPE , CM/CY for each person selected => [CK-SAMEMNTHS\\_LC1](#)

< -2 > DK => CK-OTHOUT\_LC1

< -3 > RF => CK-OTHOUT\_LC1

**Hard edit:** If NAME is a dependent on a job or direct-purchase plan and the policyholder is not selected, store policyholder’s name in COVWHO\_LC1

### CK-SAMEMNTHS\_LC1

Is CNTCOV\_LC1=1 (Yes) and BEFORAFT\_LC1=1 (before)?

- Yes => [SAMEMNTHS\\_LC1](#)
- No => [MNTHS\\_LC1](#)

### **SAMEMNTHS\_LC1**

And were you/NAME(s) [if more than one selected in COVWHO\_LC1 fill: all] also covered from [if more than one person was selected in COVWHO\_LC1, or if only one person was selected in COVWHO\_LC1 and that person was born on or before January 1, CY-1 fill: January, CY-1/else if only one person was selected in COVWHO\_LC1 and that person was born after January 1, CY-1 fill: birth] until now?

< 1 > Yes ([all] covered from [January, CY-1/birth] until now) =>

Store leader's O\_PLANTYPE values from birth month thru CM/CY for person selected in COVWHO\_LC1

For people born before January 1, CY-1: Add 1 to COUNTER for M1 thru CM/CY for each person selected in COVWHO\_LC1

For people born on or after January 1, CY-1: Add 1 to COUNTER for month of birth thru CM/CY for each person selected in COVWHO\_LC1

Store leader's O\_PLANTYPE values, January of CY-1-CM/CY for each person selected in COVWHO

< 2 > No ([at least one person] not covered from [January, CY-1/birth] until now)

< -2 > DK

< -3 > RF

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

Skip Instructions:

<1> => [CK-OTHOUT\\_LC1](#)

<2, -2, -3> => MNTHS\_LC1

### **MNTHS\_LC1**

If first person reported in COVWHO\_LC1: What months between January [CY-1] and now was [NAME from COVWHO\_LC1] covered?

If second+ person reported in COVWHO\_LC1: How about NAME? (What months between January [CY-1] and now was [NAME from COVWHO\_LC1] covered?)

(choose all months that apply, or DK or R)

**FR INSTRUCTION:** This question refers to coverage [PLANTYPE].

< 1 > January [CY-1]

< 2 > February [CY-1]

.....

<12> December [CY-1]

<13> January [CY]

<14> February [CY]

< 15 > March [CY]

< 20 > All months from January [CY-1] until now

< 21 > No months from January [CY-1] until now

=> Store Y in O\_PLANTYPE for months/years selected for each person asked about

< -2 > DK

< -3 > RF

(All Answer Choices)=> Loop through all persons reported in COVWHO\_LC1. Then =>CK-OTHOUT\_LC1

o REPEAT FOR EACH PERSON SELECTED IN COVWHO\_LC1

o LABEL PERSON-LEVEL VARS AS MNTHS\_LC1\_PXX\_MZZ where XX=the line number of NAME selected in COVWHO\_LC1 and ZZ=the column number of the month(s) selected in MNTHS\_LC1 (values for XX will be 01 thru the number of household members allowed on the roster; values for ZZ will be 01-15)

Add 1 to COUNTER for all months/years selected for each person

### **CK-OTHOUT\_LC1**

- If PLANTYPE is job-related (SRCEGEN\_LC1=1 or JOBCOV\_LC1=1 or SRCEBIZ\_LC1= 1 or 2 or SRCEPTSP\_LC1=1) or directly-purchased (SRCEDEPDIR\_LC1=2 or SRCEPTSP\_LC1=2) or school-based (SRCEMISC\_LC1=2) => [OTHOUT\\_LC1](#)
- Else => [CK-ADDGAP1\\_L](#)

### **OTHOUT\_LC1**

Does that plan cover anyone living outside this household?

- < 1 > Yes => OTHWHO\_LC1
- < 2 > No => [CK- ADDGAP1\\_L](#)
- < -2 > DK => [CK- ADDGAP1\\_L](#)
- < -3 > RF => [CK- ADDGAP1\\_L](#)

### **OTHWHO\_LC1**

How old are they – under 19, 19-25 or older than 25? [MARK ALL THAT APPLY]?

- < 1 > Under 19
- < 2 > 19-25 years old
- < 3 > older than 25
- < -2 > DK
- < -3 > RF

(All Answer Choices) => CK-ADDGAP1\_L

## AddGap1\_L: First Check for Gaps in Coverage (Leader)

**Item Overview:** If the leader had no gaps in coverage, from January, [CY-1] up to now, they skip to Section E.3 on any additional past coverage. For any leader who had a gap in coverage, the purpose of this section is to determine whether they had any other coverage during those gaps (ADDGAP1\_L). If coverage during a gap is reported, we ask “PAST LOOP.” This is basically a repeat of Sections B thru D, but with the following minor modifications: (1) All questions are asked in the past tense and (2) in Section C (on months covered), rather than asking the full series (before/after January 1, [CY-1], etc.), we ask just one question on months of coverage. See PAST LOOP for full specifications.

### CK-ADDGAP1\_L

Are there any gaps in coverage (based on the O\_MASTER grid variables for all months)?

- Yes (gaps in coverage) => [ADDGAP1\\_L](#)
- No (no gaps in coverage) => [CK-ADDNOW\\_L](#)

### ADDGAP1\_L

Ok so far I have recorded that [you were/NAME was] covered by [PLANTYPE] in [fill months]. What about [months not covered]? [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?

- < 1 > Yes      => [SRCEGEN\\_LP1](#)
- < 2 > No        => [CK-ADDNOW\\_L](#)
- < -2 > DK      => [CK-ADDNOW\\_L](#)
- < -3 > RF      => [CK-ADDNOW\\_L](#)

## Section B<sub>P</sub>: Plan Type (Past Loop)

### SRCEGEN\_LP1

ASK OR VERIFY

[If first time asked fill: In order to better understand peoples' health care needs, we'd like to learn more about how [you get/NAME gets] that coverage.] Did [you/NAME] get it through a job, the government or state, or some other way?

**PROBE:** "Job" includes coverage from someone's own job as well as coverage from a spouse's or parent's job.

**PROBE:** Include coverage through former employers and unions, and COBRA plans.

**PROBE:** If this coverage is provided through a job with the government or the military, consider that coverage through a job.

< 1 > Job (current or former) => [MILPLAN\\_LP1](#)  
< 2 > Government or State => [JOBCOV\\_LP1](#)  
< 3 > Other way => SRCEDEPDIR\_LP1  
< -2 > DK => SRCEDEPDIR\_LP1  
< -3 > RF => SRCEDEPDIR\_LP1

### SRCEDEPDIR\_LP1

ASK OR VERIFY

How did [you/NAME] get that coverage? Was it through a parent or spouse, did [he/she/you] buy it [himself/herself/yourself], or did [he/she/you] get it some other way?

**PROBE:** If a parent/spouse buys the coverage (both 1 and 2), then code <2> for "Buy it".

<1> Parent or spouse => POLHOLDER\_LP1  
<2> Buy it => POLHOLDER\_LP1  
<3> Some other way => SRCEBIZ\_LP1  
< -2 > DK => SRCEBIZ\_LP1  
< -3 > RF => SRCEBIZ\_LP1

### SRCEBIZ\_LP1

ASK OR VERIFY

Did [you/NAME] get it through a former employer, a union or business association, or some other way?

<1> Former employer => POLHOLDER\_LP1  
<2> Union or business association => POLHOLDER\_LP1  
<3> some other way => SRCMISC\_LP1  
< -2 > DK => [GOVPLAN\\_LP1](#)  
< -3 > RF => [GOVPLAN\\_LP1](#)

### SRCEMISC\_LP1

Did [you/NAME] get it through the Indian Health Service, a school, or some other way?

< 1 > Indian Health Service => [\[flag as NO\\_IHS plan\]](#) => WMNTHS\_LP1  
< 2 > School => POLHOLDER\_LP1  
< 3 > Other way => [GOVPLAN\\_LP1](#)  
< -2 > DK => [GOVPLAN\\_LP1](#)  
< -3 > RF => [GOVPLAN\\_LP1](#)



## **JOB COV\_LP1**

Was that coverage related to a JOB with the government or state?

**PROBE:** Include coverage through FORMER employers and unions, and COBRA plans.

- < 1 > Yes => MILPLAN\_LP1
- < 2 > No => GOVTYPE\_LP1
- < -2 > DK => GOVTYPE\_LP1
- < -3 > RF => GOVTYPE\_LP1

**Soft edit:** If “yes” and no one in the household was reported to have a job in the government sector (PUIO1COW ne (1,2,3,10) for any household member) then ask soft edit: “Can I just check -- I recorded that this coverage was related to a JOB. Is that correct?”

- ◆If this is correct, suppress and continue.
- ◆If this is not correct, go back to JOB COV\_LP1 and correct

## **MILPLAN\_LP1**

READ IF NECESSARY

Was that plan related to military service in any way?

- < 1 > Yes => [flag as O\_MIL plan] => MILTYPE\_LP1
- < 2 > No => [POLHOLDER\\_LP1](#)
- < -2 > DK => [POLHOLDER\\_LP1](#)
- < -3 > RF => [POLHOLDER\\_LP1](#)

## **GOVTYPE\_LP1**

ASK OR VERIFY

What type of coverage was it – Medicaid, CHIP, Medicare, military or VA care, or some other type of coverage?

**PROBE IF R CHOOSES MORE THAN ONE:** Ok let’s talk about one plan at a time. Which would you like to tell me about first?

**READ IF NECESSARY:** There are two programs that sound a lot alike. MediCARE is for people 65 years and older or people under 65 with disabilities. MediCAID is a government-assistance program for those with low-incomes or a disability. And there is also a third program called CHIP which is for children in low-income families.

**INTERVIEWER INSTRUCTION:**

- CODE STMCAID1-STMCAID9 AS “MEDICAID”
- CODE MEDIGAP AND MEDICARE PARTS A, B and C AS “MEDICARE”.
- CODE STPORTAL, STEXCH1, STEXCH2 AND STEXCH3 AS “OTHER”

- < 1 > Medicaid, Medical Assistance, CHIP => [GOVPLAN\\_LP1](#)
- < 2 > Medicare => [flag as O\_MCARE plan] => [WMNTHS\\_LP1](#)
- < 3 > Military or VA care => [flag as O\_MIL plan] => MILTYPE\_LP1
- < 4 > Other => [GOVPLAN\\_LP1](#)
- < -2 > DK => [GOVPLAN\\_LP1](#)
- < -3 > RF => [GOVPLAN\\_LP1](#)

**Soft edit:** if NAME is under 65 and not disabled ask: “There are two programs that sound a lot alike. MediCARE is for people 65 years and older, or people under 65 with disabilities. MediCAID is a government-assistance plan for those with low-incomes or a disability. Just to be sure, which program were you/was NAME covered by?”

- ◆If Medicare is correct, suppress and continue.
- ◆If Medicare is not correct, go back to GOVTYPE\_LP1 and correct.



### **MILTYPE\_LP1**

ASK OR VERIFY

Which plan [were you/was NAME] covered by? Was it TRICARE, TRICARE for Life, CHAMPVA, Veterans Administration care, military health care, or something else?

- <1> TRICARE
- <2> TRICARE for Life
- <3> CHAMPVA
- <4> Veterans Administration care
- <5> Military health care
- <6> Other
- < -2 > DK
- < -3 > RF

If MILTYPE\_LP1 =(all) => POLHOLDER\_LP1

### **POLHOLDER\_LP1**

ASK OR VERIFY

Whose name was the policy in? [NOTE: Spanish version: Whose name was the health insurance policy in?]

< display household roster >

- < 1 > *household member 1* => CK-SRCEPTSP\_LP1
- < 2 > *household member 2* => CK-SRCEPTSP\_LP1
- .....
- < 16 > *household member 16* => CK-SRCEPTSP\_LP1
- <17> Someone living outside the household => CK-SRCEPTSP\_LP1
- < -2 > DK => CK-SRCEPTSP\_LP1
- < -3 > RF => CK-SRCEPTSP\_LP1

Output specs (See document Storage.xls for table of specifications):

- if plan is job-related (SRCEGEN\_LP1=1 or JOBCOV\_LP1 =1 OR SRCEBIZ\_LP1 = 1 or 2)
  - o and the name selected as policyholder is NAME: if O\_MIL ne Y [flag as O\_JOBPOL plan]
  - o and the name selected as policyholder is within the hh but NOT NAME: if O\_MIL ne Y [flag as O\_JOBDEP plan]
  - o and POLHOLDER\_LP1 =17 (outside hh): OUTFLAG=Y and if O\_MIL ne Y [flag as O\_JOBDEP plan]
  - o and POLHOLDER\_LP1 =DK/RF: if O\_MIL ne Y [flag as O\_JOBDK plan]
- o if plan is directly-purchased (SRCEDEPDIR\_LP1=2 or SRCEPTSP\_LP1 =2) or school-based (MISCSPEC\_LP1 =2)
  - o and the name selected as policyholder is NAME: [flag as O\_DIRPOL plan]
  - o and the name selected as policyholder is within the household but NOT the same person as NAME: [flag as O\_DIRDEP plan]
  - o and POLHOLDER\_LP1 =17 (outside hh): OUTFLAG=Y and [flag as O\_DIRDEP plan]
  - o and POLHOLDER\_LP1 =DK/RF: [flag as O\_DIRDK plan]

### **CK-SRCEPTSP\_LP1**

- If SRCEDEPDIR\_LP1 =1 (parent or spouse) then => SRCEPTSP\_LP1
- Else if SRCEDEPDIR\_LP1 =2 (buy it) & EXCH=1 then => PORTAL\_LP1
- Else => [CK-HIPAIID\\_LP1](#)

### SRCEPTSP\_LP1

ASK OR VERIFY

And did they get that coverage through their job, did they buy it themselves, or did they get it some other way?

- < 1 > Job (current or former) = > If O\_MIL ne 1 then [flag as O\_JOBDEP plan] => HIPAID\_LP1
- < 2 > Buy it => If O\_MIL ne 1 then [flag as O\_DIRDEP plan]; if EXCH=1 then => PORTAL\_LP1/if EXCH=0 then => WMNTHS\_LP1
- < 3 > Some other way= > GOVPLAN\_LP1
- < -2 > DK => GOVPLAN\_LP1
- < -3 > RF => GOVPLAN\_LP1

### GOVPLAN\_LP1

ASK IF NECESSARY

What did you call the program?

**PROBE:** IF R ANSWERS WITH INSURANCE COMPANY NAME: OK, so that would be the plan name. What do you call the program? Some examples of programs in [STATE] are [STMCAID1-9, STEXCH1-3 and other plans thru STPORTAL].

- < 1 > Medicaid
- < 2 > Medical Assistance
- < 3 > CHIP (the State Children's Health Insurance Program)
- < 4 > STMCAID1
- < 5 > STMCAID2
- < 6 > STMCAID3
- < 7 > STMCAID4
- < 8 > STMCAID5
- < 9 > STMCAID6
- < 10 > STMCAID7
- < 11 > STMCAID8
- < 12 > STMCAID9

If EXCH=1 then add the following response categories 13-16:

- < 13 > STEXCH1
- < 14 > STEXCH2
- < 15 > STEXCH3
- < 16 > Other plan through [STPORTAL]
- < 17 > other government plan
- < 18 > other/specify
- < -2 > DK
- < -3 > RF

NOTE: The number of STMCAIDs and STEXCHs will vary by state. However, text for response categories 17, 18, DK and RF are fixed.

Storage Instructions:

- <1-12> flag as O\_MCAID
- <13-16> store Y in EXFLAG
- <17> If EXCH=0 then flag Y in O\_MCAID
- <18,D,R> if EXCH=0 then flag Y in O\_OTHER

Skip Instructions:

- If GOVPLAN= (17,18) => MISCSPEC\_LP1
- Else if GOVPLAN=13-16 => POLHOLDER2\_LP1
- Else if EXCH=1 then => PORTAL\_LP1

- Else => [WMNTHS\\_LP1](#)

### **MISCSPEC\_LP1**

[open text; 65 characters]

If MISCSPEC\_LP1 =(all) =>

- if EXCH=1 then => [PORTAL\\_LP1](#)
- if EXCH=0 then => [WMNTHS\\_LP1](#)

### **PORTAL\_LP1**

[ASK IF NECESSARY] Was that coverage through [STPORTAL] [if EXNAME=1 fill:, such as [STEXCH1] [STEXCH2] or [STEXCH3]?

< 1 > Yes       => CK-EXCHTYPE\_LP1  
 < 2 > No        => CK-POLHOLDER2\_LP1  
 < -2 > DK       => CK-POLHOLDER2\_LP1  
 < -3 > RF       => CK-POLHOLDER2\_LP1

Storage Instructions:

<1> Store Y in EXFLAG

<2,D,R> if SRCEBIZ\_LP1=D/R or SRCEMISC=PST=3/D/R or SRCEPTSP\_LP1=3/D/R then flag as O\_OTHER; else flag as O\_MCAID

### **CK-EXCHTYPE\_LP1**

- If EXNAME=1 then => EXCHTYPE\_LP1
- Else if EXNAME=0 then => CK-POLHOLDER2\_LP1

### **EXCHTYPE\_LP1**

[ASK IF NECESSARY] Which plan was it – [STEXCH1 or STEXCH2 [or STEXCH3]]?

< 1 > STEXCH1  
 < 2 > STEXCH2  
 < 3 > STEXCH3  
 < -2 > DK  
 < -3 > RF

<all> Store Y in EXFLAG

If EXCHTYPE\_LP1 =(all) => CK-POLHOLDER2\_LP1

### **CK-HIPAIID\_LP1**

Was Coverage Job or Union Based? (If (SRCEGEN\_LP1 =<1> job) or (JOBCOV\_LP1 =<1> yes) or (SRCEBIZ\_LP1 =<1> former employer, or <2> union or business assn) or (SRCEPTSP\_LP1 =<1> job)

- Yes => HIPAIID\_LP1
- No => [WMNTHS\\_LP1](#)

### **HIP Aid\_LP1**

Did (name's/your) employer or union pay for all, part, or none of the health insurance premium?

NOTE: Report here employer's contribution to employee's health insurance premiums, not the employee's medical bills.

- < 1 > All
- < 2 > Part
- < 3 > None
- < -2 > DK
- < -3 > RF

If HIPAID\_LP1=(all) =>

- if EXCH=1 then => **SHOP\_LP1**
- if EXCH=0 then => [WMNTHS\\_LP1](#)

### **SHOP\_LP1**

Small businesses can offer health coverage to their employees through [STPORTAL]. Was [your/policyholder's] coverage at all related to [STPORTAL], [if EXNAME=1 fill: which offers STEXCH1, STEXCH2 and STEXCH3]?

- < 1 > Yes => Store Y in EXFLAG
- < 2 > No
- < -2 > DK
- < -3 > RF

If SHOP\_LP1=(all) => [WMNTHS\\_LP1](#)

### **CK-POLHOLDER2\_LP1**

Was POLHOLDER2 asked?

- Yes => **PREMYN\_LP1**
- No => **POLHOLDER2\_LP1**

### **POLHOLDER2\_LP1**

ASK OR VERIFY

Whose name was the policy in? [NOTE: Spanish version: Whose name was the health insurance policy in?]

< display household roster >

< 1 > household member 1

< 2 > *household member 2*

.....

< 16 > *household member 16*

<17> Someone living outside the household

< -2 > DK

< -3 > RF

If POLHOLDER2\_LP1=(all) => **PREMYN\_LP1**

- o if the name selected as policyholder is NAME: flag as O\_DIRPOL
- o if the name selected as policyholder is within the household but NOT the same person as NAME: flag as O\_DIRDEP
- o if POLHOLDER2=17 (outside hh): OUTFLAG=Y and flag as O\_DIRDEP
- o if POLHOLDER2=DK/RF: flag as O\_DIRDK

**PREMYN\_LP1**

Was there a monthly premium for this plan?

PROBE: A monthly premium is a fixed amount of money people pay each month to have health coverage.

- < 1 > Yes                   => PREMSUBS\_LP1
- < 2 > No                    => [WMNTHS\\_LP1](#)
- < -2 > DK                   => [WMNTHS\\_LP1](#)
- < -3 > RF                   => [WMNTHS\\_LP1](#)

**PREMSUBS\_LP1**

Was the cost of the premium reduced based on [if single-person hh and NAME was policyholder fill: your/else fill: family] income?

- < 1 > Yes                   => Store Y in EXFLAG
- < 2 > No                    =>
- < -2 > DK                   =>
- < -3 > RF                   =>

**If PREMSUBS\_LP1=(all) => [WMNTHS\\_LP1](#)**

## Section C<sub>p</sub>: Months of Coverage (Past Loop)

### WMNTHS\_LP1

What months between January [CY-1] and now [were you/was NAME] covered by [PLANTYPE]?  
(choose all months that apply, or DK or R)

< 1 > January [CY-1]

< 2 > February [CY-1]

.....

<12> December [CY-1]

<13> January [CY]

<14> February [CY]

< 15 > March [CY]

< 20 > All months from January [CY-1] until now

< 21 > No months from January [CY] until now

< -2 > DK Store D in O\_PLANTYPE for all months of [CY-1] and [CY]

< -3 > RF Store R in O\_PLANTYPE for all months of [CY-1] and [CY]

(All Answer Choices)=> [CK-OTHEMEMB\\_LP1](#)

Output Specs

- **If GOVTYPE\_LP1 =**

- < 2 > Medicare => Store Y in O\_MCARE, months selected in WMNTHS\_LP1

- < 3 > Military or VA care => Store Y in O\_MIL, months selected in WMNTHS\_LP1

- **If GOVPLAN\_LP1=**

- < 1-12, 17, 18, -2, -3 > => Store Y in O\_MCAID, months selected in WMNTHS\_LP1

- **If MILPLAN\_LP1 = < 1 > => Store Y in O\_MIL, months selected in WMNTHS\_LP1**

- **If SRCEBIZ\_LP1= < -2, -3 > => Store Y in O\_OTHER, months selected in WMNTHS\_LP1**

- **If SRCEMISC\_LP1 =**

- < 1 > Indian Health Service => Store Y in NO\_IHS, months selected in WMNTHS\_LP1

- < 3, -2, -3 > => Store Y in O\_OTHER, months selected in WMNTHS\_LP1

- **For POLHOLDER\_LP1**

- o if plan is job-related (SRCEGEN\_LP1=1 or JOBCOV\_LP1=1 OR SRCEBIZ\_LP1=1 or 2 or SRCEPTSP\_LP1=1)

- and the name selected as policyholder is NAME: if O\_MIL ne Y Store Y in O\_JOBPOL, months selected in WMNTHS\_LP1

- and the name selected as policyholder is within the hh but NOT NAME: if O\_MIL ne Y Store Y in O\_JOBDEP, months selected in WMNTHS\_LP1

- and POLHOLDER\_LP1=DK/RF: if O\_MIL ne Y Store Y in O\_JOBDK, months selected in WMNTHS\_LP1

- o if plan is directly-purchased (SRCEDEPDIR\_LP1=2 or SRCEPTSP=2) or school-based (SRCEMISC\_LP1=2)

- and the name selected as policyholder is NAME: Store Y in O\_DIRPOL, months selected in WMNTHS\_LP1

- and the name selected as policyholder is within the household but NOT the same person as NAME: Store Y in O\_DIRDEP, months selected in WMNTHS\_LP1

- and POLHOLDER\_LP1=DK/RF: Store Y in O\_DIRDK, months selected in WMNTHS\_LP1

- o if name selected as policyholder is outside the household (17): => Store Y in OUTFLAG and if O\_MIL ne Y Store Y in O\_DIRDK, months selected in WMNTHS\_LP1

- **If SRCEPTSP\_LP1=**

- < 1 > => If O\_MIL ne 1 then Store Y in O\_JOBDEP, months selected in WMNTHS\_LP1

- < 2 > => If O\_MIL ne 1 then Store Y in O\_DIRDEP, months selected in WMNTHS\_LP1

- **For POLHOLDER2\_LP1**

- if name selected as policyholder is NAME: Store Y in O\_DIRPOL, months selected in WMNTHS\_LP1
- if name selected as policyholder is within the household but NOT the same person as NAME: Store Y in O\_DIRDEP, months selected in WMNTHS\_LP1
- if POLHOLDER2\_LP1=D/R: Store Y in O\_DIRDK, months selected in WMNTHS\_LP1
- if name selected as policyholder is outside the household (17): => Store Y in OUTFLAG and store Y in O\_DIRDK, months selected in WMNTHS\_LP1

Add 1 to COUNTER for all months/years selected for each person

**CK-OTHEMEMB\_LP1**

Does this household have 2 or more members?

- Yes => OTHMEMB\_LP1
- No=> [CK-ADDGAP2\\_L](#)

## Section D<sub>P</sub>: Additional Household Members Covered by Plan (Past Loop)

### OTHMEMB\_LP1

And other than [you/NAME] was anyone else who was living or staying in this household ALSO covered by [PLANTYPE]?

- < 1 > Yes                   => COVWHO\_LP1
- < 2 > No                    => CK-OTHOUT\_LP1
- < -2 > DK                  => CK- OTHOUT\_LP1
- < -3 > RF                  => CK- OTHOUT\_LP1

**Hard edit:** If NAME was a dependent on a job or direct-purchase plan and OTHMEMB\_LP1 ne “yes” (that is, the respondent fails to report that the policyholder is also on the plan) store a “Yes”

### COVWHO\_LP1

Who? (Who else in this household was covered by [PLANTYPE])?

PROBE: Anyone else?

(choose all persons covered, or DK or R)

< display household roster >

< 1 > *household member 1*

< 2 > household member 2

.....

< 16 > *household member 16*

=> SAMEMNTHS\_LP1

< -2 > DK                   => CK- OTHOUT\_LP1

< -3 > RF                   => CK- OTHOUT\_LP1

**Hard edit:** If NAME is a dependent on a job or direct-purchase plan and the policyholder is not selected, store policyholder’s name in COVWHO\_LP1

### SAMEMNTHS\_LP1

And were you/NAME(s) [if more than one selected in COVWHO\_LP1 fill: all] also covered in [fill months from WMNTHS\_LP1]?

< 1 > Yes ([all] covered in [fill months from WMNTHS\_LP1])

=> [Store Y in O\\_PLANTYPE, months selected in WMNTHS\\_LP1 for person selected in](#)

[COVWHO\\_LP1](#)

=> [CK- OTHOUT\\_LP1](#)

< 2 > No (at least one person not covered in [fill months from WMNTHS\_LP1]) => MNTHS\_LP1

< -2 > DK                  => MNTHS\_LP1

< -3 > RF                  => MNTHS\_LP1



### **MNTHS\_LP1**

Person 1: What months between January [CY-1] and now was [NAME from COVWHO\_LP1] covered?

Persons 2+: How about NAME? (What months between January [CY-1] and now was [NAME from COVWHO\_LP1] covered?)

(choose all months that apply, or DK or R)

FR INSTRUCTION: This question refers to coverage [PLANTYPE].

< 1 > January [CY-1]

< 2 > February [CY-1]

.....

<12> December [CY-1]

<13> January [CY]

<14> February [CY]

< 15 > March [CY]

< 20 > All months from January [CY-1] until now

< 21 > No months from January [CY] until now

=> [Store Y in O\\_PLANTYPE for months/years selected for each person asked about](#)

< -2 > DK

< -3 > RF

o (All Answer Choices)=> Loop through all persons reported in COVWHO\_PST. Then =>CK-OTHOUT\_LP1

o REPEAT FOR EACH PERSON SELECTED IN COVWHO\_LP1

o LABEL PERSON-LEVEL VARS AS MNTHS\_LP1\_PXX\_MZZ where XX=the line number of NAME selected in COVWHO\_LP1 and ZZ=the column number of the month(s) selected in WMNTHS\_LP1

### **CK-OTHOUT\_LP1**

- If PLANTYPE is job-related (SRCEGEN\_LP1=1 or JOBCOV\_LP1=1 or SRCEBIZ\_LP1= 1 or 2 or SRCEPTSP\_LP1=1) or directly-purchased (SRCEDEPDIR\_LP1=2 or SRCEPTSP\_LP1=2) or school-based (SRCEMISC\_LP1=2) => OTHOUT\_LP1
- Else => CK-ADDGAP2\_L

### **OTHOUT\_LP1**

Did [policyholder name's] plan cover anyone living outside this household?

< 1 > Yes => OTHWHO\_LP1

< 2 > No => [CK-ADDGAP2\\_L](#)

< -2 > DK => [CK-ADDGAP2\\_L](#)

< -3 > RF => [CK-ADDGAP2\\_L](#)

### **OTHWHO\_LP1**

How old are they – under 19, 19-25 or older than 25? [MARK ALL THAT APPLY]?

[MARK ALL THAT APPLY]

< 1 > Under 19

< 2 > 19-25 years old

< 3 > Older than 25

< -2 > DK

< -3 > RF

(All Answer Choices) => CK-ADDGAP2\_L

## AddGap2\_L: Second Check for Gaps in Coverage (Leader)

### CK-ADDGAP2\_L

Are there any gaps in coverage (based on the O\_MASTER grid variables for all months)?

- Yes (gaps in coverage) => ADDGAP2\_L
- No (no gaps in coverage) => [CK-ADDNOW\\_L](#)

### ADDGAP2\_L

Ok so far I have recorded that [you were/NAME was] covered by [PLANTYPE(s)] in [fill months]. What about [months not covered]? [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?

- < 1 > Yes       => GAPMNTHS\_LPR
- < 2 > No         => [CK-ADDNOW\\_L](#)
- < -2 > DK       => [CK-ADDNOW\\_L](#)
- < -3 > RF       => [CK-ADDNOW\\_L](#)

### GAPMNTHS\_LPR

What months between January [CY-1] and now was/were you/NAME covered?

(choose all months that apply, or DK or R)

- < 1 > January [CY-1]
- < 2 > February [CY-1]
- .....
- <12> December [CY-1]
- <13> January [CY]
- <14> February [CY]
- < 15 > March [CY]
- < 20 > All months from January [CY-1] until now
- < 21 > No months from January [CY] until now  
=> [Store Y in O\\_OTHER for months/years selected](#)
- < -2 > DK
- < -3 > RF

**Add 1 to COUNTER for all months/years selected**

(All Answer Choices)=> CK-ADDNOW\_L

## **AddNow\_L: Check for Additional Current Plan (Leader)**

**Item Overview:** The purpose of this section is to determine, for those leaders currently covered, whether they have an additional, concurrent plan (ADDNOW\_L). We allow for data collection of only two concurrent plans for the interview month. Hence, respondents for whom we already have recorded at least two concurrent plans are skipped out. (Note that those without any current coverage would have skipped over this section entirely, from VERIFY to ADDPAST\_L). If the leader does have a second concurrent plan, we repeat Sections B thru D above and collect data on plan type, months of coverage, other household members covered, and months they were covered.

### **CK-ADDNOW\_L**

Has NAME already had CURRENT coverage reported by 2 or more different plan types (based on the O\_PLANTYPE grid variables for current month)?

- Yes (2+ current plans reported) => [CK-ADDPAST\\_L](#)
- No (< 2 current plans reported) => [ADDNOW\\_L](#)

### **ADDNOW\_L**

Ok other than PLANTYPE(s) do you/does NAME NOW have any other type of health plan or health coverage?

**PROBE:** Do not include plans that cover only one type of care, such as dental or vision plans or Medigap.

- < 1 > Yes => [SRCEGEN\\_LC2](#)
- < 2 > No => [CK-ADDPAST\\_L](#)
- < -2 > DK => [CK-ADDPAST\\_L](#)
- < -3 > RF => [CK-ADDPAST\\_L](#)

### **SRCEGEN\_LC2 thru OTHWHO\_LC2**

- *copy all items in Sections B-D and replace “\_LC1” with “\_LC2.”*
- *All answer choices at end of Section D => CK-ADDPAST\_L*

## AddPast\_L: Check for Additional Past Plan (Leader)

**Item Overview:** The purpose of this section is to determine whether leaders had any additional plans at any time in [CY-1]. All leaders get this question unless they were already explicitly asked about months of non-coverage during the reference period (via ADDGAP1\_L).

### CK-ADDPAST\_L

Has either ADDGAP1\_L or ADDGAP2\_L been reported as No, Don't Know, or Refuse?

- Yes => CK-NEXTMEMB
- No => [ADDPAST\\_L](#)

### ADDPAST\_L

And how about any [if covered by at least one plan fill: other] plans in the past? [if covered by at least one plan fill: Other than PLANTYPE(s) [WERE you/WAS NAME] covered by any [if covered by at least one plan fill: other] type of health plan or health coverage AT ANY TIME between January [CY-1] and now?

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans or Medigap.

- < 1 > Yes => SRCEGEN\_LP2
- < 2 > No => [ASSIST](#) [NOTE: If follower, => [CK-NEXTMEMB](#)]
- < -2 > DK => [ASSIST](#) [NOTE: If follower, => [CK-NEXTMEMB](#)]
- < -3 > RF => [ASSIST](#) [NOTE: If follower, => [CK-NEXTMEMB](#)]

### SRCEGEN\_LP2 thru OTHWHO\_LP2

- *copy all items in Sections Bp-Dp and replace “\_LP1” with “\_LP2.”*
- *All answer choices at end of Section D => CK- NEXTMEMB*

### ASSIST

Did someone at a hospital, health clinic or social service agency help you/NAME get the coverage?

- < 1 > Yes
- < 2 > No
- < -2 > DK
- < -3 > RF

If ASSIST= (all) => [CK-NEXTMEMB](#)

## ROUTING INSTRUCTIONS FOR ADDITIONAL HOUSEHOLD MEMBERS

### CK-NEXTMEMB

- Condition 1: Have all household members been asked about explicitly?

Yes=> [CK-OFFER](#)

No => go to next person on roster

- Condition 2: Is COUNTER blank for all months

Yes => HINTRO for that person

No => Go to Condition 3

- Condition 3: Is NAME currently covered by 1+ plans

Yes => CK-ADDGAP1\_F

No => [ADDNOW\\_F](#)

## AddNow\_F: Check for Additional Current Plan (Follower)

**Item Overview:** The purpose of this section is to explicitly ask about any additional plans covering followers. The questions contain fills designed to prompt for reporting of typically under-reported plans. For both Medicare and Medicaid, there is ample evidence that respondents confuse the plans, and that Medicaid is substantially underreported. To reduce the chance of under- and mis-reporting we exploit certain correlates of coverage by adding prompts about Medicare and Medicaid to the generic questions on additional coverage if the follower fits certain criteria. Specifically, if a household member is 65+ or disabled but Medicare was not yet reported for that person, we embed the Medicare prompt. With regard to Medicaid and other government plans, often if one household member is covered by Medicaid, others are as well. Furthermore, respondents in low income households are more likely to be covered by Medicaid. So if a follower has not yet been reported to have Medicaid, but Medicaid has been reported for one or more other household members, and/or if the follower lives in a low-income household, we include the Medicaid prompt. If a person fits both the Medicare and Medicaid likelihood criteria, they are asked the version of the question with the Medicaid prompt (which does not preclude reporting Medicare).

### ADDNOW\_F

Now I'd like to ask you about any coverage you/NAME has NOW, other than your/his/her PLANTYPE(s).

**Version 1:** if Medicaid/Other govt plan was NOT yet reported for NAME for any period of time (that is, O\_MCAID not Y for any months for NAME) but there is a likelihood that NAME could be covered by these plan types (either because another hh member has been covered by Medicaid/other govt plan, or it is a low-income household):

Is NAME NOW covered by any type of health plan or health coverage, such as Medicaid, Medical Assistance, CHIP, or any other kind of government assistance program that helps pay for health care?

**Version 2:** else if NAME is 65+ and Medicare was not reported for him/her for any period of time: Medicare is the health insurance for people 65 years and older, or people under 65 with disabilities. Is NAME NOW covered by Medicare or any other type of health plan or health coverage?

**Version 3:** else if NAME does not fit Medicare or Medicaid likelihood criteria in Versions 1 or 2: Does NAME NOW have any other type of health plan or health coverage?

PROBE: Do not include plans that cover only one type of care, such as dental or vision plans or Medigap.

< 1 > Yes	=> <a href="#">SRCEGEN_FC1</a>
< 2 > No	=> <a href="#">CK-ADDGAP1_F</a>
< -2 > DK	=> <a href="#">CK-ADDGAP1_F</a>
< -3 > RF	=> <a href="#">CK-ADDGAP1_F</a>

### SRCEGEN\_FC1 thru OTHWHO\_FC1

- copy all items in Sections B-D and replace “\_LC1” with “\_FC1”
- All answer choices at end of Section D => CK-ADDGAP1\_F

## AddGap1\_F: First Check for Gaps in Coverage (Follower)

**Item Overview:** If the follower had no gaps in coverage, from January, [CY-1] up to now, they skip to Section F.2 on any additional current coverage. For any follower who had a gap in coverage, the purpose of this section is to determine whether they had any other coverage during those gaps (ADDGAP1\_F). If coverage during a gap is reported, we ask “PAST LOOP.” This is basically a repeat of Sections B thru D, but with the following minor modifications: (1) All questions are asked in the past tense and (2) in Section C (on months covered), rather than asking the full series (before/after January 1, [CY-1], etc.), we ask just one question on months of coverage. See PAST LOOP for full specifications.

### CK-ADDGAP1\_F

Are there any gaps in coverage (based on the O\_MASTER grid variables for all months)?

- Yes (gaps in coverage) => ADDGAP1\_F
- No (no gaps in coverage) => [CK-ADDNOW2\\_F](#)

### ADDGAP1\_F

[If ADDNOW\_F was not asked for NAME, fill: Now I'd like to ask you about NAME.]

So far I have recorded that [you were/NAME was] covered by PLANTYPE(s) in [months covered]. What about [months not covered]? [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?

- < 1 > Yes => SRCEGEN\_FP1
- < 2 > No => [CK- ADDNOW2\\_F](#)
- < -2 > DK => [CK- ADDNOW2\\_F](#)
- < -3 > RF => [CK- ADDNOW2\\_F](#)

### SRCEGEN\_FP1 thru OTHWHO\_FP1

- *copy all items in Sections Bp-Dp and replace “\_LP1” with “\_FP1.”*
- *All answer choices at end of Section D => CK-ADDGAP2\_F*

## AddGap2\_F: Second Check for Gaps in Coverage (Follower)

### CK-ADDGAP2\_F

Are there any gaps in coverage (based on the O\_MASTER grid variables for all months)?

- Yes (gaps in coverage) => ADDGAP2\_F
- No (no gaps in coverage) => CK-ADDNOW2\_F

### ADDGAP2\_F

So far I have recorded that [you were/NAME was] covered by PLANTYPE(s) in [fill months]. What about [months not covered]? [Were you/Was NAME] covered by any type of health plan or health coverage in [that/those] month(s)?

- < 1 > Yes       => GAPMNTHS\_FPR
- < 2 > No         => CK-ADDNOW2\_F
- < -2 > DK        => CK-ADDNOW2\_F
- < -3 > RF        => CK-ADDNOW2\_F

### GAPMNTHS\_FPR

What months between January [CY-1] and now was/were you/NAME covered?

(choose all months that apply, or DK or R)

- < 1 > January [CY-1]
- < 2 > February [CY-1]
- .....
- <12> December [CY-1]
- <13> January [CY]
- <14> February [CY]
- <15> March [CY]
- < 20 > All months from January [CY-1] until now
- < 21 > No months from January [CY] until now  
=> [Store Y in O\\_OTHER for months/years selected](#)
- < -2 > DK
- < -3 > RF

**Add 1 to COUNTER for all months/years selected**

(All Answer Choices)=> CK-ADDNOW2\_F



## AddNow2\_F: Check for Additional Current Plan (Follower)

### CK-ADDNOW2\_F

Has NAME already had CURRENT coverage reported by 2 or more different plan types OR ADDNOW\_F=2, DK, or RF?

- Yes (2+ current plans reported or ADDNOW\_F=2) => [CK-ADDPAST\\_F](#)
- No (< 2 current plans reported or ADDNOW\_F ne 2) => [ADDNOW2\\_F](#)

### ADDNOW2\_F

[If ADDNOW\_F not asked for NAME, fill: Now I'd like to ask you about NAME]. Other than PLANTYPE(s) do you/does NAME NOW have any other type of health plan or health coverage?

**PROBE:** Do not include plans that cover only one type of care, such as dental or vision plans or Medigap.

< 1 > Yes	=> SRCEGEN__FC2
< 2 > No	=> <a href="#">CK-ADDPAST_F</a>
< -2 > DK	=> <a href="#">CK-ADDPAST_F</a>
< -3 > RF	=> <a href="#">CK-ADDPAST_F</a>

### SRCEGEN\_FC2 thru OTHWHO\_FC2

- *copy all items in Sections B-D and replace “\_LC1” with “\_FC2”*
- *All answer choices at end of Section D => CK-ADDPAST\_F*

## AddPast\_F: Check for Additional Past Plan (Follower)

### CK-ADDPAST\_F

Has either ADDGAP1\_F or ADDGAP2\_F been reported as No, Don't Know, or Refuse?

- Yes => [CK-NEXTMEMB](#)
- No => [ADDPAST\\_F](#)

### ADDPAST\_F

And how about any other plans in the past? Other than PLANTYPE(s), [WERE you/WAS NAME] covered by any other type of health plan or health coverage AT ANY TIME between January [CY-1] and now?

**PROBE:** Do not include plans that cover only one type of care, such as dental or vision plans or Medigap.

- < 1 > Yes       => SRCEGEN\_FP2
- < 2 > No         => [CK-NEXTMEMB](#)
- < -2 > DK        => [CK-NEXTMEMB](#)
- < -3 > RF        => [CK-NEXTMEMB](#)

### SRCEGEN\_FP2 thru OTHWHO\_FP2

- *copy all items in Sections Bp-Dp and replace “\_LP1” with “\_FP2.”*
- *All answer choices at end of Section D => CK-NEXTMEMB*

## Section E: Employer-Sponsored Insurance (ESI) Take-Up

**\*Loop through person 1 to last\***

### CK-OFFER

Is NAME working at a paid non-self-employment job (PUABSOT=Yes) AND not a policyholder on an ESI plan [(SRCEGEN\* ne 1 and JOBCOV\* ne 1 and SRCEBIZ\* ne (1 or 2) and SRCEPTSP ne 1) and NAME note selected in POLHOLDER\* for interview month)]?

- Yes => [OFFER](#)
- No => [CK-ENDHI](#)

### OFFER

[First time read fill: Now I'd like to ask some questions about health coverage offered through jobs. [If multi-person household fill: First I'd like to ask you about [yourself/NAME] [Second time read fill: Now I'd like to ask you about NAME.] Earlier I recorded that [you/NAME] [is/are] employed but [do/does] not have health coverage through [your/NAME's] employer. Does [EMPNAME of NAME] offer health insurance to any of its employees?

< 1 > Yes => [COULD](#)

< 2 > No => [CK-ENDHI](#)

< 9 > NAME actually is covered by EMPNAME=> Store Y in O\_JOBPOL, interview month => CK-ENDHI

< -2 > DK => [CK-ENDHI](#)

< -3 > RF => [CK-ENDHI](#)

### COULD

Could [YOU/NAME] be in this plan if [YOU/HE/SHE] wanted to?

< 1 > Yes => [WNTAKE](#)

< 2 > No => [WNElig](#)

< -2 > => [CK-ENDHI](#)

< -3 > => [CK-ENDHI](#)

### WNTAKE

Why [AREN'T/ISN'T] [YOU/HE/SHE] in this plan?

(choose all that apply, or DK or R)

<1> Covered by another plan

< 2> Traded health insurance for higher pay

< 3> Too expensive

< 4> Don't need health insurance

< 5> Have a pre-existing condition

< 6> Haven't yet worked for this employer long enough to be covered

<7> Contract or temporary employees not allowed in plan

<8> Other/specify

< -2 > DK

< -3 > RF

(All Answer Choices)=> [CK-ENDHI](#)

**WNEBIG**

Why not? (Why can't you/Name be in this plan if you/he/she wanted to?)

(choose all that apply, or DK or R)

- < 1 > Don't work enough hours per week or weeks per year
- <2> Contract or temporary employees not allowed in plan
- <3> Haven't worked for this employer long enough to be covered
- <4> Have a pre-existing condition
- <5> Too expensive
- <6> Other/specify
- < -2 > DK
- < -3 > RF

(All Answer Choices)=> CK- ENDHI

**CK-ENDHI**

Is there another person on the household roster?

- Yes => [CK-OFFER](#) (moving to next person record)
- No => [End Health Insurance Module](#)