BOX_01
======

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

```
--------------------------------------------------------
|  OTHERWISE, GO TO BOX_02                               |
--------------------------------------------------------
```


LOOP_01
=======

```
--------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-     |
|  PAIRS-ROSTER, ASK BOX_01A - END_LP01                 |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  LOOP DEFINITION:  LOOP_01 COLLECTS INFORMATION       |
|  ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE.        |
|  THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS       |
|  THAT MEET BOTH OF THE FOLLOWING CONDITIONS:          |
|  - ESTABLISHMENT IS MEDICARE                          |
|  AND                                                  |
|  - PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING|
|    THE PREVIOUS ROUND                                 |
--------------------------------------------------------
```

BOX_01A
=======

```
         --------------------------------------------------
        |  IF THERE WAS NO MEDICARE INSURER ASSOCIATED WITH  |
        |  THIS ESTABLISHMENT-PERSON-PAIR AT ANY TIME IN THE |
        |  PREVIOUS ROUND, GO TO BOX_01B                     |
         --------------------------------------------------


         --------------------------------------------------
        |  OTHERWISE, CONTINUE WITH PR01                     |
         --------------------------------------------------
```

PR01
====

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

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

Last time we recorded that (PERSON) (were/was) covered by
(PLAN NAME).

Since (START DATE), has there been any change in the plan name
of the health insurance (PERSON) has through Medicare?

```
     YES .................................... 1 {BOX_01B}
     NO ..................................... 2 {END_LP01}
     REF .................................... -7 {END_LP01}
     DK .................................... -8 {END_LP01}
```

```
     --------------------------------------------------
    |  FOR 'NAME OF PREV RD'S MEDICARE INSURER FOR       |
    |  ESTABLISHMENT-PERSON,' DISPLAY THE NAME OF THE    |
    |  ACTUAL MEDICARE INSURER RECORDED FOR THIS         |
    |  ESTABLISHMENT -PERSON-PAIR.                       |
     --------------------------------------------------


     --------------------------------------------------
    |  IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
    |  KNOW), FLAG PREVIOUS ROUND'S INSURER AS 'CURRENT  |
    |  ROUND'S MEDICARE INSURER' FOR THIS                |
    |  ESTABLISHMENT-PERSON-PAIR.                        |
     --------------------------------------------------
```

BOX_01B
=======

```
-------------------------------------------------------
|  NOTE:  STATES THAT DO NOT OFFER MEDICARE MANANGED  |
|  CARE PLANS ARE ALASKA, DELAWARE, IDAHO, MAINE,     |
|  MISSISSIPPI, MONTANA, NEW HAMPSHIRE, SOUTH DAKOTA,|
|  AND WYOMING                                        |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  NOTE:  IN ROUNDS 1 AND 2, ARKANSAS, SOUTH CAROLINA|
|  AND TENNESSEE DID NOT OFFER MEDICARE MANAGED CARE  |
|  PLANS.                                             |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED     |
|  DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE  |
|  PR02 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR03|
-------------------------------------------------------
```

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

PR02
====

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

SHOW CARD PR-1.

Some people on Medicare can enroll in plans called Medicare
HMOs. These plans have names like those listed on this card.

Is the name of (PERSON)'s insurance through Medicare listed on
this card?

```
YES ..................................... 1
NO ...................................... 2 {PR03}
REF ..................................... -7 {PR03}
DK ...................................... -8 {PR03}
```

PR02OV
======

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

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ....   {END_LP01}

```
------------------------------------------------------
|  WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY   |
|  THE FOLLOWING MESSAGE:  'PLEASE VERIFY PLAN       |
|  SELECTED:  {DISPLAY PLAN NAME SELECTED}.'  WHEN   |
|  INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE,   |
|  THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.  |
|                                                    |
|  FOR 'DISPLAY PLAN NAME SELECTED' DISPLAY THE      |
|  ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER   |
|  ENTERED FOR THIS STATE.                           |
------------------------------------------------------


------------------------------------------------------
|  FLAG INSURER CODED ABOVE AS 'CURRENT RD'S         |
|  MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON-  |
|  PAIR.                                             |
------------------------------------------------------
```

PR03
====

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

Now I will ask you a question about how (PERSON)'s Medicare
works for non-emergency care. (When answering this question,
please include only insurance from Medicare, not any privately
purchased insurance.)

(Are/Is) (PERSON) signed up with an HMO, that is, a Health
Maintenance Organization? With an HMO, you generally
receive care from HMO physicians.

YES .... 1 {PR04}
NO 2
REF .... -7
DK .... -8

PRESS F1 FOR DEFINITION OF HMO.

PR03A
=====

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

Does Medicare require (PERSON) to sign up with a certain
primary care doctor, group of doctors, or with a certain clinic
which they must go to for all of their routine care?

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

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

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

```
     ------------------------------------------------------
     |  IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
     |  KNOW), THERE IS NO 'CURRENT RD'S MEDICARE INSURER'|
     |  FOR THIS ESTABLISHMENT-PERSON-PAIR.               |
     ------------------------------------------------------
```

PR04
====

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

What is the name of the (PERSON)'s Medicare {HMO/health insurance}?

```
     [Enter Plan Name] .....................
     REF ................................... -7
     DK ................................... -8
```

```
     ------------------------------------------------------
     |  DISPLAY 'HMO' IF PR03 IS CODED '1' (YES).  DISPLAY|
     |  'health insurance' IF PR03A IS CODED '1' (YES).   |
     ------------------------------------------------------
```

```
     ------------------------------------------------------
     |  FLAG INSURER CODED ABOVE AS 'CURRENT RD'S         |
     |  MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON-  |
     |  PAIR.                                             |
     ------------------------------------------------------
```

PR05
====

OMITTED.

PR06
====

OMITTED.

END_LP01
========

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


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

BOX_02
======

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


-------------------------------------------------------
|  OTHERWISE, GO TO BOX_05                            |
-------------------------------------------------------
```

PR07
====

{STR-DT}

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL 1
        NO, ONLY SOME 2
        NO, NONE 3
        REF .... -7 {BOX_05}
        DK .... -8 {BOX_05}

        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
        | BEING CONDUCTED USES THE NAME 'Medicaid' DISPLAY |
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
        | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
        | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
        | NAME BY STATE, SEE BOX ON HX06. |

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | WERE COVERED BY MEDICAID AT ANY TIME DURING THE |
        | PREVIOUS ROUND. |

```
---------------------------------------------------------
|   IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS         |
|   LISTED HERE AS 'COVERED BY MEDICAID DURING CURRENT|
|   ROUND.'  THEN GO TO BOX_03                           |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS         |
|   LISTED HERE AS 'NOT COVERED BY MEDICAID DURING       |
|   CURRENT ROUND.'                                      |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE)                              |
|   AND                                                  |
|   IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07,        |
|   GO TO PR09                                           |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE)                              |
|   AND                                                  |
|   IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07,        |
|   GO TO BOX_05                                         |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR08  |
---------------------------------------------------------
```

PR08
====

{STR-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}}
since (START DATE)?

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
---------------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS     |
| BEING CONDUCTED USES THE NAME 'Medicaid'.  DISPLAY    |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE     |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH           |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME    |
| 'Medicaid'.  FOR THE SPECIFIC MEDICAID PROGRAM        |
| NAME BY STATE, SEE BOX ON HX06.                       |
---------------------------------------------------------


---------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS    |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO       |
| WERE COVERED BY MEDICAID AT ANY TIME DURING THE       |
| PREVIOUS ROUND.                                       |
---------------------------------------------------------


---------------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID     |
| DURING CURRENT ROUND.'  FLAG ALL PERSONS NOT          |
| SELECTED AS 'NOT COVERED BY MEDICAID DURING           |
| CURRENT ROUND.'                                       |
---------------------------------------------------------
```

BOX_03
======

```
-------------------------------------------------------
| IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS     |
| COVERED OR NOT COVERED BY MEDICAID DURING CURRENT    |
| ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT   |
| PR07), GO TO LOOP_02                                 |
-------------------------------------------------------


-------------------------------------------------------
| OTHERWISE, CONTINUE WITH PR09                        |
-------------------------------------------------------
```

PR09
====

{STR-DT}

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

```
YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK ..................................... -8
```

PRESS F1 FOR DEFINITION OF MEDICAID.

```
---------------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS     |
| BEING CONDUCTED USES THE NAME 'Medicaid'.  DISPLAY    |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE     |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH           |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME    |
| 'Medicaid'.  FOR THE SPECIFIC MEDICAID PROGRAM        |
| NAME BY STATE, SEE BOX ON HX06.                       |
---------------------------------------------------------


---------------------------------------------------------
| IF CODED '-2' (NO), '-7' (REFUSED), OR '8' (DON'T     |
| KNOW) AND AT LEAST ONE RU MEMBER IS FLAGGED AS        |
| 'COVERED BY MEDICAID DURING CURRENT ROUND,'           |
| GO TO LOOP_02                                         |
---------------------------------------------------------


---------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T     |
| KNOW) AND NO RU MEMBERS ARE FLAGGED AS 'COVERED       |
| BY MEDICAID DURING CURRENT ROUND,' GO TO BOX_05       |
---------------------------------------------------------


---------------------------------------------------------
| OTHERWISE (I.E., IF CODED '1' (YES)),                 |
| CONTINUE WITH PR10                                    |
---------------------------------------------------------
```

PR10
====

{STR-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}}
since (START DATE)?

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
---------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'.  DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH       |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'.  FOR THE SPECIFIC MEDICAID PROGRAM    |
| NAME BY STATE, SEE BOX ON HX06.                   |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE   |
| FOLLOWING CONDITIONS:                             |
| - PERSON WAS ADDED TO RU THIS ROUND               |
| OR                                                |
| - PERSON WAS NOT FLAGGED AS 'COVERED BY MEDICAID'  |
|   DURING THE PREVIOUS ROUND                       |
---------------------------------------------------
```

```
---------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID'|
| DURING CURRENT ROUND.  FLAG ALL PERSONS NOT       |
| SELECTED AS 'NOT COVERED BY MEDICAID' DURING      |
| CURRENT ROUND.                                    |
---------------------------------------------------
```

LOOP_02
=======

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

```
---------------------------------------------------------
|   LOOP DEFINITION:  LOOP_02 COLLECTS TIME PERIOD      |
|   COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID. |
|   THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT |
|   MEET BOTH OF THE FOLLOWING CONDITIONS:              |
|   - ESTABLISHMENT IS MEDICAID                         |
|   AND                                                 |
|   - PERSON IS COVERED BY MEDICAID DURING THE CURRENT  |
|     ROUND                                             |
---------------------------------------------------------
```

BOX_04
======

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

```
---------------------------------------------------------
|   AT COMPLETION OF THE HQ SECTION, CONTINUE WITH      |
|   END_LP02                                            |
---------------------------------------------------------
```

END_LP02
========

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

```
---------------------------------------------------------
|   IF NO MORE PAIRS MEET THE STATED CONDITIONS, END    |
|   LOOP_02 AND CONTINUE WITH PR11                      |
---------------------------------------------------------
```

PR11
====

{STR-DT}

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

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES 1
        NO .... 2 {BOX_05}
        REF .... -7 {BOX_05}
        DK .... -8 {BOX_05}

            PRESS F1 FOR A DEFINITION OF MEDICAID.

        | DISPLAY 'PLAN NAME: {NAME OF PREV RD'S MEDICAID |
        | INSURER FOR RU}' AND 'LAST TIME .... (PLAN NAME).'|
        | IF THERE IS AN INSURER ASSOCIATED WITH MEDICAID |
        | IN THE PREVIOUS ROUND. |
        | |
        | FOR 'NAME OF PREV RD'S MEDICAID INSURER FOR RU', |
        | DISPLAY THE NAME OF THE ACTUAL INSURER RECORDED |
        | FOR MEDICAID DURING THE PREVIOUS ROUND. |

        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
        | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY|
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
        | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
        | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
        | NAME BY STATE, SEE BOX ON HX06. |

```
--------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS  |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO     |
| ARE COVERED BY MEDICAID DURING THE CURRENT ROUND.   |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T   |
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS 'CURRENT    |
| RD'S MEDICAID INSURER'                              |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  STATES THAT DO NOT OFFER MEDICAID MANAGED    |
| CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, KENTUCKY,   |
| LOUISIANA, MISSISSIPPI, NEW MEXICO, NORTH DAKOTA,   |
| SOUTH DAKOTA, AND WYOMING.                          |
--------------------------------------------------------


--------------------------------------------------------
| NOTE:  IN ROUNDS 1 AND 2, GEORGIA, MAINE, VERMONT   |
| AND WEST VIRGINIA DID NOT OFFER MEDICAID MANAGED    |
| CARE PLANS.                                         |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '1' (YES) AND IF STATE IN WHICH THE        |
| INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A       |
| MEDICAID MANAGED CARE PLAN, CODE PR12 '2' (NO)      |
| AUTOMATICALLY BY CAPI AND GO TO PR13                |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER    |
| A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12    |
--------------------------------------------------------
```

PR12
====

{STR-DT}

SHOW CARD PR-2.

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

Is the name of the health insurance through {Medicaid/{STATE
NAME FOR MEDICAID}} listed on this card?

         YES 1
         NO .... 2 {PR13}
         REF .... -7 {PR13}
         DK .... -8 {PR13}

         | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
         | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
         | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
         | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
         | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
         | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
         | NAME BY STATE, SEE BOX ON HX06. |

PR12OV
======

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

         CODE LETTER OF PLAN FROM SHOW CARD.

             [Enter Plan Letter From Card] ....   {BOX_05}

         | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
         | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
         | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
         | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
         | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
         | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
         | NAME BY STATE, SEE BOX ON HX06. |

```
------------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY    |
| THE FOLLOWING MESSAGE:  'PLEASE VERIFY PLAN        |
| SELECTED:  {DISPLAY PLAN NAME SELECTED}.'  WHEN    |
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE,    |
| PROCEED TO THE NEXT LOGICAL SCREEN.                |
|                                                    |
| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE PLAN |
| NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR    |
| THIS STATE.                                        |
------------------------------------------------------


------------------------------------------------------
| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S       |
| INSURER FOR MEDICAID.'                             |
------------------------------------------------------
```

PR13
====

{STR-DT}

Under {Medicaid/{STATE NAME FOR MEDICAID}} (are/is) (READ
NAME(S) BELOW) signed up with an HMO, that is a Health
Maintenance Organization?

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL ARE .... 1 {PR15}
        YES, SOME ARE .... 2 {PR15}
        NO, NONE ARE 3
        REF .... -7
        DK .... -8

                PRESS F1 FOR DEFINITION OF HMO.

        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
        | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
        | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
        | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
        | NAME BY STATE, SEE BOX ON HX06. |

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | ARE COVERED BY MEDICAID DURING THE CURRENT ROUND. |

PR14
====

{STR-DT}

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL REQUIRED 1
        YES, SOME REQUIRED 2
        NO, NONE REQUIRED .... 3 {BOX_05}
        REF .... -7 {BOX_05}
        DK .... -8 {BOX_05}

    PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
        | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
        | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
        | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
        | NAME BY STATE, SEE BOX ON HX06. |

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | ARE COVERED BY MEDICAID DURING THE CURRENT ROUND. |

        | IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
        | OR '-8' (DON'T KNOW), THERE IS NO INSURER |
        | ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID. |

PR15
====

{STR-DT}

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

        [Enter Plan Name] ....
        REF .... -7
        DK .... -8

        | DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
        | BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
        | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
        | NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
        | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
        | 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
        | NAME BY STATE, SEE BOX ON HX06. |

        | DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL ARE) |
        | OR '2' (YES, SOME ARE). DISPLAY 'HEALTH |
        | INSURANCE' IF PR14 IS CODED '1' (YES, ALL |
        | REQUIRED) OR '2' (YES, SOME REQUIRED). |

        | FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
        | MEDICAID INSURER'. |

PR16
====

          OMITTED.

PR17
====

          OMITTED.

BOX_04A
=======

          OMITTED.

PR18
====

          OMITTED.

BOX_05
======

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

                    | OTHERWISE, GO TO BOX_08 |

PR19
====

{STR-DT}

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

Have all of these people been covered by CHAMPUS, TRICARE or
CHAMPVA at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

```
    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

    YES, ALL ............................. 1
    NO, ONLY SOME ........................ 2
    NO, NONE ............................. 3
    REF ................................. -7 {BOX_08}
    DK .................................. -8 {BOX_08}
```

        PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.


```
    ------------------------------------------------------
    | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
    | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
    | WERE COVERED BY CHAMPUS/CHAMPVA AT ANY TIME DURING |
    | THE PREVIOUS ROUND.                                |
    ------------------------------------------------------


    ------------------------------------------------------
    | IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS       |
    | LISTED HERE AS 'COVERED BY CHAMPUS/CHAMPVA DURING  |
    | CURRENT ROUND.'  THEN GO TO BOX_06                 |
    ------------------------------------------------------


    ------------------------------------------------------
    | IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS       |
    | LISTED HERE AS 'NOT COVERED BY CHAMPUS/CHAMPVA     |
    | DURING CURRENT ROUND.'                             |
    ------------------------------------------------------


    ------------------------------------------------------
    | IF CODED '3' (NO, NONE)                            |
    | AND                                                |
    | IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19,      |
    | GO TO PR21                                         |
    ------------------------------------------------------
```

```
-------------------------------------------------------
|  IF CODED '3' (NO, NONE),                           |
|  AND                                                |
|  IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19,      |
|  GO TO BOX_08                                       |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR20   |
-------------------------------------------------------
```

PR20
====

{STR-DT}

Who has been covered by CHAMPUS, TRICARE or CHAMPVA since
(START DATE)?

PROBE: Who else has been covered by CHAMPUS, TRICARE or
CHAMPVA since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
-------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
|  WERE COVERED BY CHAMPUS/CHAMPVA AT ANY TIME DURING |
|  THE PREVIOUS ROUND.                                |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  FLAG ALL PERSONS SELECTED AS 'COVERED BY CHAMPUS/  |
|  CHAMPVA' DURING CURRENT ROUND.  FLAG ALL PERSONS   |
|  NOT SELECTED AS 'NOT COVERED BY CHAMPUS/CHAMPVA'   |
|  DURING CURRENT ROUND.                              |
-------------------------------------------------------
```

BOX_06
======

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


--------------------------------------------------------
|   OTHERWISE, CONTINUE WITH PR21                        |
--------------------------------------------------------
```

PR21
====

{STR-DT}

Besides the family members we've just talked about, have any
additional family members been covered by CHAMPUS, TRICARE or
CHAMPVA since (START DATE)?

```
    YES .................................... 1
    NO ....................................  2
    REF ................................... -7
    DK ................................... -8
```

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

```
--------------------------------------------------------
|   IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T     |
|   KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS         |
|   COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND,    |
|   GO TO LOOP_03                                       |
--------------------------------------------------------


--------------------------------------------------------
|   IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T     |
|   KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY       |
|   CHAMPUS/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08  |
--------------------------------------------------------


--------------------------------------------------------
|   OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE      |
|   WITH PR22                                           |
--------------------------------------------------------
```

PR22
====

{STR-DT}

Who has been covered by CHAMPUS, TRICARE or CHAMPVA since
(START DATE)?

PROBE: Who else has been covered by CHAMPUS, TRICARE or
CHAMPVA since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

    | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
    | ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
    | FOLLOWING CONDITIONS: |
    | - PERSON WAS ADDED TO RU THIS ROUND |
    | OR |
    | - PERSON WAS NOT FLAGGED AS BEING COVERED BY |
    | CHAMPUS/CHAMPVA AT ANY TIME DURING THE PREVIOUS |
    | ROUND |

    | FLAG ALL PERSONS SELECTED AS 'COVERED BY CHAMPUS/ |
    | CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS |
    | NOT SELECTED AS 'NOT COVERED BY CHAMPUS/CHAMPVA' |
    | DURING CURRENT ROUND. |

LOOP_03
=======

```
---------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-      |
|  PAIRS-ROSTER, ASK BOX_07 - END_LP03                   |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  LOOP DEFINITION:  LOOP_03 COLLECTS TIME PERIOD        |
|  COVERAGE DETAIL FOR RU MEMBERS COVERED BY CHAMPUS/    |
|  CHAMPVA.  THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-   |
|  PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:     |
|  - ESTABLISHMENT IS CHAMPUS/CHAMPVA                    |
|  AND                                                   |
|  - PERSON IS COVERED BY CHAMPUS/CHAMPVA DURING THE     |
|    CURRENT ROUND                                       |
---------------------------------------------------------
```

BOX_07
======

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

```
---------------------------------------------------------
|  AT COMPLETION OF THE HQ SECTION, CONTINUE WITH        |
|  END_LP03                                              |
---------------------------------------------------------
```

END_LP03
========

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

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

BOX_08
======

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


         -------------------------------------------------------
        |  OTHERWISE, GO TO BOX_11                            |
         -------------------------------------------------------
```

PR23
====

{STR-DT}

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

```
    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

    YES, ALL ............................... 1
    NO, ONLY SOME .......................... 2
    NO, NONE ............................... 3
    REF .................................... -7 {BOX_11}
    DK ..................................... -8 {BOX_11}
```

   PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

```
         -------------------------------------------------------
        |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
        |  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
        |  WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME|
        |  DURING THE PREVIOUS ROUND.                         |
         -------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS        |
|   LISTED HERE AS 'COVERED BY GOVT-HOSPITAL/           |
|   PHYSICIAN' DURING CURRENT ROUND.  THEN GO TO        |
|   BOX_09                                              |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS        |
|   LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/       |
|   PHYSICIAN' DURING CURRENT ROUND.                   |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE)                             |
|   AND                                                 |
|   IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23,       |
|   GO TO PR25                                          |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '3' (NO, NONE)                             |
|   AND                                                 |
|   IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23,       |
|   GO TO BOX_11                                        |
---------------------------------------------------------
```

```
---------------------------------------------------------
|   IF CODED '2' (NO, NONE), CONTINUE WITH PR24         |
---------------------------------------------------------
```

PR24
====

{STR-DT}

Who has been covered by this program since (START DATE)?

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
---------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
|  WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME|
|  DURING THE PREVIOUS ROUND.                         |
---------------------------------------------------

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

BOX_09
======

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


         -------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH PR25                         |
         -------------------------------------------------------
```


PR25
====

{STR-DT}

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

```
        YES ....................................  1
        NO  ....................................   2
        REF ....................................  -7
        DK  ....................................  -8
```


```
         -------------------------------------------------------
        |  IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T     |
        |  KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS          |
        |  'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING          |
        |  CURRENT ROUND,' GO TO LOOP_04                        |
         -------------------------------------------------------


         -------------------------------------------------------
        |  IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T     |
        |  KNOW) AND NO RU MEMBERS FLAGGED AS 'COVERED          |
        |  BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND,    |
        |  GO TO BOX_11                                         |
         -------------------------------------------------------


         -------------------------------------------------------
        |  OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE       |
        |  WITH PR26                                            |
         -------------------------------------------------------
```

PR26
====

{STR-DT}

Who has been covered by this program?

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
        | FOLLOWING CONDITIONS: |
        | - PERSON WAS ADDED TO RU THIS ROUND |
        | OR |
        | - PERSON WAS NOT FLAGGED AS COVERED BY GOVT- |
        | HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |
        | PREVIOUS ROUND. |

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

LOOP_04
======

```
---------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-     |
|  PAIRS-ROSTER, ASK BOX_10 - END_LP04                  |
---------------------------------------------------------
```

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

BOX_10
======

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

```
---------------------------------------------------------
|  AT COMPLETION OF THE HQ SECTION, CONTINUE WITH       |
|  END_LP04                                             |
---------------------------------------------------------
```

END_LP04
========

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

```
---------------------------------------------------------
|  IF NO MORE PAIRS MEET THE STATED CONDITIONS, END     |
|  LOOP_04 AND CONTINUE WITH PR27                       |
---------------------------------------------------------
```

PR27
====

{STR-DT}

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

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

    YES 1
    NO .... 2 {PR32}
    REF .... -7 {PR32}
    DK .... -8 {PR32}

    PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

```
---------------------------------------------------
| DISPLAY 'PLAN NAME:  {NAME OF PREV RD'S GOVT-    |
| HOSPITAL/PHYSICIAN INSURER FOR RU}' AND 'LAST    |
| TIME .... (PLAN NAME).' IF THERE IS AN INSURER   |
| ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE   |
| PREVIOUS ROUND.                                  |
|                                                  |
| FOR 'NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN   |
| INSURER FOR RU', DISPLAY THE NAME OF THE ACTUAL  |
| INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT  |
| ANY TIME DURING THE PREVIOUS ROUND.              |
---------------------------------------------------


---------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
| ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE  |
| CURRENT ROUND.                                     |
---------------------------------------------------
```

```
--------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT   |
| ROUND'S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.      |
--------------------------------------------------------
```

```
--------------------------------------------------------
| NOTE:  STATES THAT DO NOT OFFER GOVT-HOSPITAL/    |
| PHYSICIAN (MEDICAID) MANAGED CARE PLANS ARE       |
| ALASKA, ARKANSAS, IDAHO, KENTUCKY, LOUISIANA,     |
| MISSISSIPPI, NEW MEXICO, NORTH DAKOTA, SOUTH      |
| DAKOTA AND WYOMING.                               |
--------------------------------------------------------
```

```
--------------------------------------------------------
| NOTE:  IN ROUNDS 1 AND 2, GEORGIA, MAINE, VERMONT |
| AND WEST VIRGINIA DID NOT OFFER MEDICAID MANAGED  |
| CARE PLANS.                                       |
--------------------------------------------------------
```

```
--------------------------------------------------------
| IF CODED '1' (YES) AND IF STATE IN WHICH THE      |
| INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A     |
| GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE   |
| PLAN, CODE PR28 '2' (NO) AUTOMATICALLY BY CAPI AND|
| GO TO PR29                                        |
--------------------------------------------------------
```

```
--------------------------------------------------------
| IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER  |
| A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE   |
| PLAN, CONTINUE WITH PR28                          |
--------------------------------------------------------
```

PR28
====

{STR-DT}

SHOW CARD PR-2.

Is the name of the health insurance through the program
sponsored by a state or local government agency which provides
hospital and physician benefits listed on this card?

```
        YES .................................... 1
        NO ..................................... 2 {PR29}
        REF .................................. -7 {PR29}
        DK ................................... -8 {PR29}
```

PR28OV
======

          Which plan is the health insurance through this program?

          CODE LETTER OF PLAN FROM SHOW CARD.

             [Enter Plan Letter From Card] .... {PR32}

          | FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
          | INSURER FOR GOVT-HOSPITAL/PHYSICIAN.' |

          | WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |
          | THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN |
          | SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN |
          | INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |
          | PROCEED TO THE NEXT LOGICAL SCREEN. |
          | |
          | FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE |
          | ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |
          | ENTERED FOR THIS STATE. |

PR29
====

{STR-DT}

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL ARE .... 1 {PR31}
        YES, SOME ARE .... 2 {PR31}
        NO, NONE ARE 3
        REF .... -7
        DK .... -8

                PRESS F1 FOR DEFINITION OF HMO.

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
        | CURRENT ROUND. |

PR30
====

{STR-DT}

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

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

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL REQUIRED 1
        YES, SOME REQUIRED 2
        NO, NONE REQUIRED .... 3 {PR32}
        REF .... -7 {PR32}
        DK .... -8 {PR32}

    PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

        | IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
        | OR '-8' (DON'T KNOW), THERE IS NO INSURER |
        | ASSOCIATED WITH THE CURRENT ROUND FOR |
        | GOVT-HOSPITAL/PHYSICIAN. |

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
        | CURRENT ROUND. |

PR31
====

{STR-DT}

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

```
     [Enter Plan Name] ....................
     REF ................................. -7
     DK .................................. -8
```

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

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

PR32
====

{STR-DT}

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

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

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

```
        YES ..................................... 1
        NO ...................................... 2 {PR34}
        REF ................................... -7 {BOX_11}
        DK ................................... -8 {BOX_11}
```

                        [Code One]

      PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

          | DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
          | ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
          | PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.|
          | |
          | DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN |
          | WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN |
          | NAME THAT CORRESPONDS TO THE LETTER ENTERED AT |
          | PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN |
          | NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}'|
          | IF A PLAN NAME WAS ENTERED. |
          | |
          | DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND |
          | INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN|
          | INSURANCE. OTHERWISE, DISPLAY 'the program |
          | sponsored ...'. |

PR33
====

{STR-DT}

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

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

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

```
     [Enter Amount in Dollars] ..............
     REF .................................. -7 {PR34}
     DK ................................... -8 {PR34}
```

```
     ---------------------------------------------------
     |  DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT  |
     |  ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
     |  PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.|
     |                                                   |
     |  DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN |
     |  WAS ENTERED AT PR28OV.  DISPLAY THE ACTUAL PLAN   |
     |  NAME THAT CORRESPONDS TO THE LETTER ENTERED AT    |
     |  PR28OV FOR THIS STATE.  DISPLAY THE ACTUAL PLAN   |
     |  NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}'|
     |  IF A PLAN NAME WAS ENTERED.                       |
     |                                                   |
     |  DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT   |
     |  ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/  |
     |  PHYSICIAN INSURANCE.  OTHERWISE, DISPLAY 'that'.  |
     ---------------------------------------------------
```

PR33OV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR .... 1 {PR34}
QUARTERLY/EVERY 3 MONTHS .... 2 {PR34}
BIMONTHLY/EVERY 2 MONTHS .... 3 {PR34}
PER MONTH .... 4 {PR34}
PER WEEK .... 5 {PR34}
BIWEEKLY/EVERY 2 WEEKS .... 6 {PR34}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {PR34}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {PR34}
OTHER 91
REF .... -7 {PR34}
DK .... -8 {PR34}

[Code One]

PR33OV2
=======

ENTER OTHER:

[Enter Other Specify] ....
REF .... -7
DK .... -8

BOX_10A
=======

OMITTED.

PR34
====

{STR-DT}

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

Who {else} pays {some of/for} the premium or cost
of this insurance?

```
        FEDERAL GOVERNMENT ....................  1
        STATE GOVERNMENT .....................  2
        LOCAL GOVERNMENT .....................  3
        SOME GOVERNMENT ......................   4
        OTHER ................................ 91
        REF .................................. -7
        DK ................................... -8
```

                    [Code All That Apply)

```
     --------------------------------------------------------
    |  DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT        |
    |  ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/      |
    |  PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.|
    |                                                        |
    |  DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN     |
    |  WAS ENTERED AT PR28OV.  DISPLAY THE ACTUAL PLAN       |
    |  NAME THAT CORRESPONDS TO THE LETTER ENTERED AT        |
    |  PR28OV FOR THIS STATE.  DISPLAY THE ACTUAL PLAN       |
    |  NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}'|
    |  IF A PLAN NAME WAS ENTERED.                           |
    |                                                        |
    |  DISPLAY 'else' IF PR32 IS CODED '1' (YES).            |
    |  OTHERWISE, USE A NULL DISPLAY.                        |
    |                                                        |
    |  DISPLAY 'some of' IF PR32 IS CODED '1' (YES).         |
    |  DISPLAY 'for' IF PR32 IS CODED '2' (NO).              |
     --------------------------------------------------------


     --------------------------------------------------------
    |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION        |
    |  WITH ANY OTHER CODE, CONTINUE WITH PR34OV             |
     --------------------------------------------------------


     --------------------------------------------------------
    |  OTHERWISE, GO TO BOX_11                               |
     --------------------------------------------------------
```

PR34OV
======

                ENTER OTHER:

                        [Enter Other Specify] ....
                        REF .... -7
                        DK .... -8

BOX_11
======

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

                        | OTHERWISE, GO TO BOX_18 |

BOX_12
======

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

                        | OTHERWISE, GO TO BOX_15 |

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

PR35
====

{STR-DT}

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

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}

Have all of these people been covered by any of these programs
at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        YES, ALL 1
        NO, ONLY SOME 2
        NO, NONE 3
        REF .... -7 {BOX_15}
        DK .... -8 {BOX_15}

     PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
        | WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |
        | ANY TIME DURING THE PREVIOUS ROUND. |

        | DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF |
        | STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME |
        | FOR PROGRAM #N'. |

        | IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU |
        | MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER |
        | PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO |
        | TO BOX_13 |

```
--------------------------------------------------------
| IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU          |
| MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1        |
| OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.         |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '3' (NO, NONE)                               |
| AND                                                   |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35,         |
| GO TO PR37                                            |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '3' (NO, NONE),                              |
| AND                                                   |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35,         |
| GO TO BOX_15                                          |
--------------------------------------------------------


--------------------------------------------------------
| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36      |
--------------------------------------------------------
```

PR36
====

{STR-DT}

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since
(START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]

```
---------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO   |
| WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND.               |
---------------------------------------------------------
```

```
---------------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1  |
| OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.     |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY  |
| GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT    |
| ROUND.                                            |
---------------------------------------------------------
```

BOX_13
======

```
---------------------------------------------------------
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS      |
| COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC    |
| INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT |
| RU MEMBERS WERE LISTED IN PR35), GO TO LOOP_05    |
---------------------------------------------------------
```

```
---------------------------------------------------------
| OTHERWISE, CONTINUE WITH PR37                     |
---------------------------------------------------------
```

PR37
====

{STR-DT}

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

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}

```
     YES ................................... 1
     NO .................................... 2
     REF .................................. -7
     DK ................................... -8
```

 PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

```
     -------------------------------------------------------
     |  DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF    |
     |  STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME |
     |  FOR PROGRAM #N'.                                   |
     -------------------------------------------------------


     -------------------------------------------------------
     |  IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T   |
     |  KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS        |
     |  COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING   |
     |  CURRENT ROUND, GO TO LOOP_05                       |
     -------------------------------------------------------


     -------------------------------------------------------
     |  IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T   |
     |  KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY      |
     |  GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT      |
     |  ROUND, GO TO BOX_15                                |
     -------------------------------------------------------


     -------------------------------------------------------
     |  OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE     |
     |  WITH PR38                                          |
     -------------------------------------------------------
```

PR38
====

{STR-DT}

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since
(START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-MEMBERS-ROSTER WHO MEET EITHER ONE OF |
        | THE FOLLOWING CONDITIONS: |
        | - PERSON WAS ADDED TO RU THIS ROUND |
        | OR |
        | - PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1 |
        | OTHER PUBLIC INSURANCE AT ANY TIME DURING THE |
        | PREVIOUS ROUND |

        | FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1 |
        | OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
        | FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
        | GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT |
        | ROUND.' |

LOOP_05
======

```
---------------------------------------------------------
|   FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-    |
|   PAIRS-ROSTER, ASK BOX_14 - END_LP05                 |
---------------------------------------------------------
```

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

BOX_14
======

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

```
---------------------------------------------------------
|   AT COMPLETION OF THE HQ SECTION, CONTINUE WITH      |
|   END_LP05                                            |
---------------------------------------------------------
```

END_LP05
========

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

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

BOX_15
======

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


--------------------------------------------------------
|  OTHERWISE, GO TO BOX_18                             |
--------------------------------------------------------
```

PR39
====

{STR-DT}

SHOW CARD PR-3.

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

Have all of these people been covered by any of these programs
at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

```
    [1. First Name, [Middle Name], Last Name-65]
    [2. First Name, [Middle Name], Last Name-65]
    [3. First Name, [Middle Name], Last Name-65]
```

YES, ALL 1
NO, ONLY SOME 2
NO, NONE 3
REF .... -7 {BOX_18}
DK .... -8 {BOX_18}

     PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

```
--------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
|  WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT  |
|  ANY TIME DURING THE PREVIOUS ROUND.                |
--------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS        |
| LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC     |
| INSURANCE' DURING CURRENT ROUND.                    |
| THEN GO TO BOX_16                                   |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS        |
| LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER        |
| PUBLIC INSURANCE' DURING CURRENT ROUND.             |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (NO, NONE)                             |
| AND                                                 |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39,       |
| GO TO PR41                                          |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (NO, NONE),                            |
| AND                                                 |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39,       |
| GO TO BOX_18                                        |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40    |
-------------------------------------------------------
```

PR40
====

{STR-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since
(START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

```
     [1. First Name, [Middle Name], Last Name-65]
     [2. First Name, [Middle Name], Last Name-65]
     [3. First Name, [Middle Name], Last Name-65]
```

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

```
-------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
|  WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT  |
|  ANY TIME DURING THE PREVIOUS ROUND.                |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2   |
|  OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.      |
|  FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY   |
|  GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT     |
|  ROUND.                                             |
-------------------------------------------------------
```

BOX_16
======

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

```
-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH PR41                      |
-------------------------------------------------------
```

PR41
====

{STR-DT}

SHOW CARD PR-3.

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

```
        YES ................................... 1
        NO ...................................  2
        REF .................................. -7
        DK ................................... -8
```

        PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

```
 --------------------------------------------------
|   IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
|   KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS      |
|   COVERED BY GROUP 2 OTHER PUBLIC INSURANCE        |
|   DURING CURRENT ROUND, GO TO LOOP_06             |
 --------------------------------------------------
```

```
 --------------------------------------------------
|   IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
|   KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY    |
|   GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT    |
|   ROUND, GO TO BOX_18                             |
 --------------------------------------------------
```

```
 --------------------------------------------------
|   OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE   |
|   WITH PR42                                        |
 --------------------------------------------------
```

PR42
====

{STR-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since
(START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

        [1. First Name, [Middle Name], Last Name-65]
        [2. First Name, [Middle Name], Last Name-65]
        [3. First Name, [Middle Name], Last Name-65]

          PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

        | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
        | ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
        | FOLLOWING CONDITIONS: |
        | - PERSON WAS ADDED TO RU THIS ROUND |
        | OR |
        | - PERSON WAS NOT MARKED AS BEING COVERED BY |
        | GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING|
        | THE PREVIOUS ROUND |

        | FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 |
        | OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
        | FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
        | GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT |
        | ROUND.' |

LOOP_06
======

```
--------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-    |
|  PAIRS-ROSTER, ASK BOX_17 - END_LP06                 |
--------------------------------------------------------
```

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

BOX_17
======

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

```
--------------------------------------------------------
|  AT COMPLETION OF THE HQ SECTION, CONTINUE WITH       |
|  END_LP06                                             |
--------------------------------------------------------
```

END_LP06
========

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

```
--------------------------------------------------------
|  IF NO MORE PAIRS MEET THE STATED CONDITIONS, END     |
|  LOOP_06 AND CONTINUE WITH BOX_18                     |
--------------------------------------------------------
```

BOX_18
======
```
------------------------------------------------------
|  RETURN TO THE HEALTH INSURANCE (HX) SECTION.      |
------------------------------------------------------
```