Health Insurance (HX) Section

```
--------------------------------------------------------
| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI          |
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE      |
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER,     |
| CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN    |
| ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END      |
| DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS, THE   |
| END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE      |
| SECOND YEAR OF THE PANEL.                            |
--------------------------------------------------------
```

BOX_00
======

```
--------------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:                 |
| FOR MONTH DISPLAY 3 CHAR MONTH (EG. JAN, FEB)        |
|                                                      |
| ROUNDS 1-4, DISPLAY ONLY THE BEGIN DATE RATHER       |
| THAN BOTH THE BEGIN AND END DATE. IF ROUND 5 THEN    |
| DISPLAY BOTH THE BEGIN AND END DATE.                 |
|                                                      |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME,                |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,         |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY          |
--------------------------------------------------------
```

HX01
====

{STR-DT}
{END-DT}

Let's talk (again) about all the health insurance coverage the
family may have to help pay for the costs of medical care {since
{START DATE}/between {START DATE} and {END DATE}}.

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION
IF NOT ALREADY AVAILABLE.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----------------------------------------------------
| DISPLAY 'ASK....AVAILABLE.' IF ROUND 1.           |
| OTHERWISE, USE A NULL DISPLAY.                    |
|                                                   |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5.      |
| DISPLAY 'between {START DATE} and {END DATE}' IF  |
| ROUND 5.                                          |
-----------------------------------------------------


-----------------------------------------------------
| IF ROUND 1, GO TO BOX_03                          |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_01                   |
-----------------------------------------------------
```

BOX_01
======

```
-----------------------------------------------------
| ASK THE OLD EMPLOYMENT AND PRIVATE RELATED        |
| INSURANCE (OE) SECTION.                           |
-----------------------------------------------------


-----------------------------------------------------
| AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02 |
-----------------------------------------------------
```

BOX_02
======

```
-----------------------------------------------------
| ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION.|
-----------------------------------------------------


-----------------------------------------------------
| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |
-----------------------------------------------------
```

BOX_03
======

```
-------------------------------------------------
|  IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE|
|  FOLLOWING CONDITIONS:                           |
|  -  ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
|     PROVIDING HEALTH INSURANCE                   |
|  AND                                             |
|  -  ESTABLISHMENT IS AN EMPLOYER                 |
|  AND                                             |
|  -  PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |
|  AND                                             |
|  -  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED'|
|     OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |
|     SIZE-GREATER-THAN-1,                         |
|  CONTINUE WITH LOOP_01                           |
-------------------------------------------------

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

LOOP_01
=======

```
-------------------------------------------------
|  FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|
|  ROSTER, ASK NAV_HX01A - END_LP01               |
-------------------------------------------------

-------------------------------------------------
|  LOOP DEFINITION:  LOOP_01 COLLECTS INFORMATION  |
|  ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH  |
|  AN EMPLOYER.  THIS LOOP CYCLES ON ESTABLISHMENT- |
|  PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
|  -  ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
|     PROVIDING HEALTH INSURANCE                   |
|  AND                                             |
|  -  ESTABLISHMENT IS AN EMPLOYER                 |
|  AND                                             |
|  -  PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |
|  AND                                             |
|  -  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED'|
|     OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |
|     SIZE-GREATER-THAN-1.                         |
-------------------------------------------------
```

```
------------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_01 USES BOTH NAV_HX01A   |
| AND NAV_HX01B TO CONTROL THE FLOW OF THE LOOP.    |
------------------------------------------------------
```

NAV_HX01A
=========

{STR-DT}

SERIES: Health Insurance Through Establishments

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO <u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS SERIES.

RU Member

```
[1. First Name,[Middle Name],Last Name-65]      [Status-25]
[2. First Name,[Middle Name],Last Name-65]      [Status-25]
[3. First Name,[Middle Name],Last Name-65]      [Status-25]
```

```
------------------------------------------------------
| ROSTER DETAILS:                                    |
| COL # 1 HEADER: RU MEMBER                          |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,   |
| AND LAST NAMES (PERS.FULLNAME)                     |
| COL # 2 HEADER:  EMPTY                             |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR  |
| IS PRESENTED                                       |
------------------------------------------------------
```

```
------------------------------------------------------
| ROSTER DEFINITION:                                 |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-  |
| ROSTER FOR SELECTION.                              |
------------------------------------------------------
```

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

```
---------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS  |
| STATED AT THE LOOP_01 DEFINITION.               |
---------------------------------------------------
```

```
---------------------------------------------------
| CONTINUE WITH NAV_OE01B FOR SELECTED RU MEMBER  |
---------------------------------------------------
```

NAV_HX01B
=========

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

SERIES: Verifying Insurance during the Reference Period
(including selecting a Policyholder)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED **"DONE,"** USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

RU Member...Employer Providing Insurance

[1. Person's Name-65]...[Establishment Name-30]   [Status-25]
[2. Person's Name-65]...[Establishment Name-30]   [Status-25]
[3. Person's Name-65]...[Establishment Name-30]   [Status-25]

```
---------------------------------------------------
| ROSTER DETAILS:                                 |
| COL # 1 HEADER: RU MEMBER...EMPLOYER PROVIDING  |
| INSURANCE                                       |
| INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-  |
| PAIR                                            |
| COL # 2 HEADER:  EMPTY                          |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR    |
| IS PRESENTED                                    |
---------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DEFINITION:                                 |
|  THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-    |
|  PAIRS-ROSTER FOR SELECTION.                        |
-------------------------------------------------------


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


-------------------------------------------------------
|  ROSTER FILTER:                                     |
|  DISPLAY ALL EMPLOYERS THAT MEET THE CONDITIONS     |
|  STATED AT THE LOOP_01 DEFINITION.                  |
-------------------------------------------------------


-------------------------------------------------------
|  CONTINUE WITH HX02 FOR SELECTED PAIR               |
-------------------------------------------------------
```

HX02
====

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

You mentioned that {you/{PERSON}} {were/was} covered by health
insurance from {ESTABLISHMENT} **{at some point after {START
DATE}/between {START DATE} and {END DATE}}.**

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

    CONTINUE .... 1 {BOX_04}
    INSURANCE REPORTED IN ERROR .... 2 {END_LP01}

                  [Code One]

```
-------------------------------------------------------
|  IF ROUND 1 THROUGH ROUND 4, DISPLAY 'at some point|
|  after {START DATE}'.  IF ROUND 5, DISPLAY 'between|
|  {START DATE} and {END DATE}'.                     |
-------------------------------------------------------
```

```
--------------------------------------------------
|  IF CODED '2' (INSURANCE REPORTED IN ERROR) FLAG  |
|  THIS ESTABLISHMENT-PERSON-PAIR AS 'NOT SEPARATE  |
|  SOURCE OF INSURANCE' AND GO TO END_LP01          |
--------------------------------------------------
```

```
--------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_04                 |
--------------------------------------------------
```

BOX_04
======

```
--------------------------------------------------
|  ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP)    |
|  SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR.     |
--------------------------------------------------
```

```
--------------------------------------------------
|  AT COMPLETION OF HP SECTION, CONTINUE WITH      |
|  END_LP01                                        |
--------------------------------------------------
```

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_05            |
--------------------------------------------------
```

BOX_05
======

```
--------------------------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET   |
| THE FOLLOWING CONDITIONS:                         |
| -  ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
|     PROVIDING HEALTH INSURANCE                    |
| AND                                               |
| -  ESTABLISHMENT IS AN EMPLOYER                   |
| AND                                               |
| -  PERSON IS A JOBHOLDER AT ESTABLISHMENT         |
| AND                                               |
| -  ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'    |
| AND                                               |
| -  FIRM SIZE OF ESTABLISHMENT = 1,                |
| CONTINUE WITH LOOP_02                             |
--------------------------------------------------
```

```
--------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
--------------------------------------------------
```

LOOP_02
=======

```
--------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|
| ROSTER, ASK LOOP_03-END_LP02                     |
--------------------------------------------------
```

```
--------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS INFORMATION   |
| ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH    |
| INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB     |
| WHERE FIRM SIZE = 1.  THIS LOOP CYCLES ON         |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE          |
| FOLLOWING CONDITIONS:                             |
| -  ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
|     PROVIDING HEALTH INSURANCE                    |
| AND                                               |
| -  ESTABLISHMENT IS AN EMPLOYER                   |
| AND                                               |
| -  PERSON IS A JOBHOLDER AT ESTABLISHMENT         |
| AND                                               |
| -  ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'    |
| -  FIRM SIZE OF ESTABLISHMENT = 1                 |
--------------------------------------------------
```

LOOP_03
=======

```
---------------------------------------------------
|  FOR EACH OF THE FOLLOWING:                     |
|                                                 |
|  INSURANCE CATEGORY 1                           |
|  INSURANCE CATEGORY 2                           |
|  INSURANCE CATEGORY 3                           |
|  INSURANCE CATEGORY 4                           |
|  INSURANCE CATEGORY 5                           |
|  INSURANCE CATEGORY 6                           |
|                                                 |
|  ASK HX03 - END_LP03                            |
 ---------------------------------------------------


 ---------------------------------------------------
|  LOOP DEFINITION:  LOOP_03 COLLECTS INFORMATION |
|  ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE |
|  (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A |
|  SELF-EMPLOYED JOB WITH FIRM-SIZE = 1.  THE FIRST |
|  CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON |
|  PURCHASES INSURANCE.  SUBSEQUENT CYCLES COLLECT |
|  ADDITIONAL WAYS PERSON PURCHASES INSURANCE.    |
|                                                 |
|  THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP |
|  CYCLES AGAIN.  IF HX04 IS CODED '1' (YES), THE |
|  LOOP CYCLES TO COLLECT THE NEXT INSURANCE      |
|  CATEGORY.  IF HX04 IS CODED '2' (NO), '-7'     |
|  (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
 ---------------------------------------------------
```

HX03
====

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

SHOW CARD HX-1.

{You mentioned that {you/{PERSON}} {{are/is}/{were/was}} self-
employed and had health insurance through that business.} Which
category on this card comes closest to {the **main**/another} way
{you/{PERSON}} {purchase/purchases} this insurance?

```
     FROM A PROFESSIONAL ASSOCIATION ....... 1 {BOX_06}
     FROM A SMALL BUSINESS GROUP ........... 2 {BOX_06}
     FROM A UNION .......................... 3 {BOX_06}
     DIRECTLY FROM AN INSURANCE AGENT ....... 5 {BOX_06}
     DIRECTLY FROM INSURANCE COMPANY ....... 6 {BOX_06}
     DIRECTLY FROM AN HMO .................. 7 {BOX_06}
     FROM A PREVIOUS EMPLOYER .............. 8 {BOX_06}
     FROM A PREVIOUS EMPLOYER (COBRA) ....... 9 {BOX_06}
     DIRECTLY FROM A HIGH RISK POOL {/{STATE
       NAME FOR HIGH RISK POOL}} ........... 10 {BOX_06}
     OTHER ................................. 91 {HX03OV}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
   ----------------------------------------------------
   |  STARTING IN PANEL 12 ROUND 2, CATEGORY '4' (FROM  |
   |  A HEALTH INSURANCE PURCHASING ALLIANCE) WAS       |
   |  OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS. |
   ----------------------------------------------------

   ----------------------------------------------------
   |  STARTING IN PANEL 14 ROUND 5, PANEL 15 ROUND 3 AND|
   |  PANEL 16 ROUND 1, CATEGORY '10' (DIRECTLY FROM A  |
   |  HIGH RISK POOL{/{STATE NAME FOR HIGH RISK POOL}}) |
   |  WAS ADDED AND WILL BE ADDED IN ALL FUTURE ROUNDS. |
   ----------------------------------------------------
```

```
-----------------------------------------------------
| DISPLAY 'you mentioned that {you/{PERSON}} {{are/ |
| is}/ {were/was}} self-employed and had health     |
| insurance through that business.' IF FIRST CYCLE  |
| THROUGH LOOP_03.  OTHERWISE USE A NULL DISPLAY.    |
|                                                   |
| DISPLAY '{are/is}' IF ESTABLISHMENT IS FLAGGED AS |
| A CURRENT EMPLOYER.  DISPLAY '{were/was}' IF      |
| ESTABLISHMENT IS NOT FLAGGED AS A CURRENT         |
| EMPLOYER, OR IF CURRENT ROUND IS ROUND 5.         |
|                                                   |
| DISPLAY 'the main' IF FIRST CYCLE THROUGH LOOP_03.|
| OTHERWISE (I.E., NOT FIRST CYCLE), DISPLAY        |
| 'another'.                                        |
|                                                   |
| DISPLAY '/{STATE NAME FOR HIGH RISK POOL}' IF     |
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED OFFERS|
| A HIGH RISK POOL HEALTH INSURANCE PLAN.  THIS     |
| INCLUDES ALL STATES EXCEPT:  AZ, DE, DC, GA, HI,  |
| ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA.  IF   |
| INTERVIEW STATE IS ONE OF THESE STATES, USE A NULL|
| DISPLAY.                                          |
|                                                   |
| FOR 'STATE NAME FOR HIGH RISK POOL' DISPLAY THE   |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE|
| IN WHICH INTERVIEW IS BEING CONDUCTED.            |
-----------------------------------------------------
```

HX03OV
======

OTHER:

    [Enter Other Specify] .... {BOX_06}
    DK .... -8 {BOX_06}

BOX_06
======

```
-----------------------------------------------------
| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION  |
| FOR THE RESPONSE CATEGORY SELECTED AT HX03.       |
-----------------------------------------------------
```

```
-----------------------------------------------------
| AT COMPLETION OF HP SECTION, CONTINUE WITH HX04   |
-----------------------------------------------------
```

HX04
====

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

SHOW CARD HX-1.

Aside from what you already told me about, is there another
category on this card which describes the way {you/{PERSON}}
{purchase/purchases} health insurance for {ESTABLISHMENT}?

```
YES ................................... 1 {END_LP03}
NO .................................... 2 {END_LP03}
REF .................................. -7 {END_LP03}
DK ................................... -8 {END_LP03}
```

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03
========

```
---------------------------------------------------
|  IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE  |
|  NEXT WAY OF PURCHASING INSURANCE.                |
---------------------------------------------------

---------------------------------------------------
|  OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02 |
---------------------------------------------------
```

END_LP02
========

```
---------------------------------------------------
|  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_02 AND CONTINUE WITH BOX_07            |
---------------------------------------------------
```

BOX_07
======

```
---------------------------------------------------
|  IF ROUND 1, GO TO HX06                          |
---------------------------------------------------


---------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_08                 |
---------------------------------------------------
```


BOX_08
======

```
---------------------------------------------------
|  IF:                                            |
|                                                 |
|  ANY NEW RU MEMBERS ADDED TO RU THIS ROUND,     |
|  OR                                             |
|  ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |
|  MEDICARE TURNED 65 SINCE START DATE (USE REAL  |
|  DATE OF BIRTH ONLY),                           |
|  OR                                             |
|  ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |
|  MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN |
|  PREVIOUS ROUND,                                |
|  CONTINUE WITH HX05                             |
---------------------------------------------------


---------------------------------------------------
|  OTHERWISE, GO TO BOX_12                        |
---------------------------------------------------
```


13

HX05
====

{STR-DT}
{END-DT}

We show that (READ NAMES BELOW) {(are/is)} {either} {65 years old
or older} {or} {joined the household since our last interview}.

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

(Has (READ NAME ABOVE)/Have any of these people) been covered
by Medicare {since {START DATE}/between {START DATE} and {END DATE}}?

YES 1
NO .... 2 {LOOP_04}
REF .... -7 {LOOP_04}
DK .... -8 {LOOP_04}

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

```
---------------------------------------------------
| DISPLAY '(are/is)' AND '65 years old' IF ANY RU   |
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING          |
| MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU  |
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING          |
| MEDICARE WERE = OR > 65 PREVIOUS ROUND.           |
|                                                   |
| DISPLAY 'joined the household since our last      |
| interview' IF ANY NEW RU MEMBERS ADDED TO THE RU  |
| THIS ROUND.                                       |
|                                                   |
| DISPLAY 'either' AND 'or' IF ANY NEW RU MEMBERS   |
| ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS  |
| NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED  |
| 65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY |
| FLAGGED AS RECEIVING MEDICARE WERE = OR > 65      |
| PREVIOUS ROUND.                                   |
|                                                   |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5.      |
| DISPLAY 'between {START DATE} and {END DATE}' IF  |
| ROUND 5.                                          |
---------------------------------------------------
```

```
-----------------------------------------------------
|  IF HX05 IS CODED '1' (YES) AND ONLY ONE RU MEMBER |
|  ELIGIBLE FOR HX05, SELECT THAT PERSON             |
|  AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04   |
-----------------------------------------------------


-----------------------------------------------------
|  IF HX05 IS CODED '1' (YES) AND MORE THAN ONE RU   |
|  MEMBER ELIGIBLE FOR HX05, GO TO HX07              |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER DETAILS:                                   |
|  Title: RU_MEMBERS_1                               |
|                                                    |
|  COL #1 HEADER: NAME                               |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE   |
|  AND LAST NAMES (PERS.FULLNAME)                    |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER DEFINITION:                                |
|  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY  |
|  OF RU-MEMBERS.                                    |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER BEHAVIOR:                                  |
|  1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.      |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER FILTER:                                    |
|  OTHERWISE, DISPLAY RU-MEMBERS WHO MEET ONE OF THE |
|  FOLLOWING CONDITIONS:                             |
|  1. PERSON IS A NEW RU MEMBER THIS ROUND,          |
|                                                    |
|  2. PERSON TURNED 65 YEARS OLD THIS ROUND AND IS   |
|  NOT FLAGGED AS COVERED BY MEDICARE DURING ANY     |
|  ROUND,                                            |
|                                                    |
|  3. OR PERSON >= 65 (OR IN AGE CATEGORY 9) LAST    |
|  ROUND AND NOT FLAGGED AS COVERED BY MEDICARE      |
|  DURING ANY ROUND.                                 |
-----------------------------------------------------
```

HX06
====

{STR-DT}

SHOW CARD HX-2.

Medicare is a health insurance program for persons 65 years or
over and for some disabled persons. People covered by Medicare
usually have a card that looks like this.

At any time since {START DATE}, has anyone in the family been
covered by Medicare?

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

         HELP AVAILABLE FOR DEFINITION OF MEDICARE.

```
     -----------------------------------------------------
    |  IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT    |
    |  PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO     |
    |  LOOP_04                                            |
     -----------------------------------------------------


     -----------------------------------------------------
    |  IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE   |
    |  WITH HX07                                          |
     -----------------------------------------------------


     -----------------------------------------------------
    |  IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T  |
    |  KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD,  |
    |  GO TO LOOP_04                                      |
     -----------------------------------------------------


     -----------------------------------------------------
    |  IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T  |
    |  KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO        |
    |  TO BOX_12                                          |
     -----------------------------------------------------
```

HX07
====

{STR-DT}
{END-DT}

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

        [1. First Name,[Middle Name],Last Name-65]
        [2. First Name,[Middle Name],Last Name-65]
        [3. First Name,[Middle Name],Last Name-65]   {LOOP_04}

```
---------------------------------------------------
|  ROSTER DETAILS:                                |
|  TITLE: RU_MEMBERS_SELECTONE                    |
|                                                 |
|  COL # 1 HEADER: PERSON-TYPE-PROVIDER           |
|  INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,|
|  AND LAST NAMES (PERS.FULLNAME)                 |
---------------------------------------------------


---------------------------------------------------
|  ROSTER DEFINITION:                             |
|  THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR   |
|  SELECTION OF RU MEMBERS.                       |
---------------------------------------------------


---------------------------------------------------
|  ROSTER BEHAVIOR:                               |
|  1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
|  ONE OR MORE FROM THE LISTED MEMBERS.           |
|                                                 |
|  2. ADD, DELETE, AND EDIT DISALLOWED.           |
---------------------------------------------------


---------------------------------------------------
|  ROSTER FILTER:                                 |
|  IN ROUND 1, NONE. DISPLAY ALL.                 |
|  IN ROUNDS 2-5, DISPLAY RU MEMBERS WHO MEET ONE OF |
|  THE FOLLOWING CONDITIONS:                      |
|  1. PERSON IS A NEW RU MEMBER THIS ROUND,       |
|                                                 |
|  2. PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |
|  FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND, |
|                                                 |
|  3. OR PERSON >= 65 YEARS OLD (OR IN AGE CATEGORY |
|  9) LAST ROUND AND NOT FLAGGED AS COVERED BY    |
|  MEDICARE DURING ANY ROUND.                     |
---------------------------------------------------
```

LOOP_04
=======

```
--------------------------------------------------------
|  FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK          |
|  BOX_09 - END_LP04                                   |
--------------------------------------------------------


--------------------------------------------------------
|  LOOP DEFINITION:  LOOP_04 DETERMINES IF REASON FOR|
|  MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 |
|  WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY |
|  STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY  |
|  MEDICARE.  THIS LOOP CYCLES ON PERSONS WHO MEET   |
|  ANY OF THE FOLLOWING CONDITIONS:                  |
|  - IF ROUND 1:  ALL CURRENT RU MEMBERS             |
|  - IF NOT ROUND 1:  ALL CURRENT RU MEMBERS WHO     |
|    MEET ONE OF THE FOLLOWING CONDITIONS:           |
|    - PERSON IS A NEW RU MEMBER THIS ROUND,         |
|    OR                                              |
|    - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |
|      FLAGGED AS COVERED BY MEDICARE DURING ANY     |
|      ROUND                                         |
|    OR                                              |
|    - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) |
|      LAST ROUND AND NOT FLAGGED AS COVERED BY      |
|      MEDICARE DURING ANY ROUND.                    |
--------------------------------------------------------


--------------------------------------------------------
|  NAVIGATOR DETAILS:  LOOP_04 USES EITHER NAV_HX04A |
|  OR NAV_HX04B TO CONTROL THE FLOW OF THE LOOP.     |
--------------------------------------------------------
```

BOX_09
======

```
--------------------------------------------------------
|  IF ROUND 1, GO TO BOX_11                            |
--------------------------------------------------------


--------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_10                     |
--------------------------------------------------------
```

BOX_10
======

```
-----------------------------------------------------
|  IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11  |
-----------------------------------------------------


-----------------------------------------------------
|  IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR     |
|  '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS    |
|  ROUND, GO TO NAV_HX04B                            |
-----------------------------------------------------


-----------------------------------------------------
|  OTHERWISE, GO TO END_LP04                         |
-----------------------------------------------------


-----------------------------------------------------
|  NOTE:  HX09 IS NOT RE-ASKED OF PERSONS WHO WERE   |
|  OVER 65 DURING THE PREVIOUS ROUND AND DID NOT     |
|  RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING   |
|  MEDICARE DURING THE CURRENT ROUND.                |
-----------------------------------------------------
```

BOX_11
======

```
-----------------------------------------------------
| IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS   |
| OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH     |
| NAV_HX04A                                         |
-----------------------------------------------------


-----------------------------------------------------
| IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS |
| OLD (OR IN AGE CATEGORY 9), GO TO END_LP04        |
-----------------------------------------------------


-----------------------------------------------------
| IF PERSON IS NOT SELECTED AT HX07 AND IS < 65     |
| YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO       |
| END_LP04                                          |
-----------------------------------------------------


-----------------------------------------------------
| IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65   |
| YEARS OLD (OR IN AGE CATEGORY 9), GO TO NAV_HX04B |
-----------------------------------------------------


-----------------------------------------------------
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW))   |
| AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES|
| 1-8), GO TO END_LP04                              |
-----------------------------------------------------


-----------------------------------------------------
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW))   |
| AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY|
| 9), GO TO NAV_HX04B                               |
-----------------------------------------------------
```

NAV_HX04A
=========

{STR-DT}

SERIES: Medicare for RU Members Under 65

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO <u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS SERIES.

RU Member

[1. Reason for Medicare [Person's Name-65]]   [Status-25]
[2. Reason for Medicare [Person's Name-65]]   [Status-25]
[3. Reason for Medicare [Person's Name-65]]   [Status-25]

```
-----------------------------------------------------
| ROSTER DETAILS:                                   |
| COL # 1 HEADER: RU MEMBER                         |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
| COL # 2 HEADER:  EMPTY                            |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED                                      |
-----------------------------------------------------


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


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


-----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL RU MEMBERS SELECTED AT HX07 AND WHO   |
| ARE < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8).    |
-----------------------------------------------------
```

```
-------------------------------------------------------
|  GO TO HX08 FOR SELECTED RU MEMBER.                 |
-------------------------------------------------------
```

NAV_HX04B
=========

SERIES: Receive Social Security for Someone 65+ Without Medicare

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

Question Series

[1. Receive Social Security...[Person's Name-65]]   [Status-25]
[2. Receive Social Security...[Person's Name-65]]   [Status-25]
[3. Receive Social Security...[Person's Name-65]]   [Status-25]

```
-------------------------------------------------------
|  ROSTER DETAILS:                                    |
|  COL # 1 HEADER: QUESTION SERIES                    |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,   |
|  AND LAST NAMES (PERS.FULLNAME)                     |
|  COL # 2 HEADER:  EMPTY                             |
|  INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
|  STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR  |
|  IS PRESENTED                                       |
-------------------------------------------------------


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


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

```
------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ALL RU MEMBERS SELECTED WHO MEET THE        |
| FOLLOWING CONDITIONS (SEE BOX_10 AND BOX_11):       |
|                                                     |
| - HX05 IS CODED '2' (NO), '-7' (REFUSED), OR        |
|   '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS    |
|   ROUND                                             |
| OR                                                  |
| - PERSON IS NOT SELECTED AT HX07 AND IS = > 65      |
|   YEARS OLD (OR IN AGE CATEGORY 9)                  |
| OR                                                  |
| - HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED    |
|   '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW))   |
|   AND PERSON IS = > 65 YEARS OLD (OR IN AGE         |
|   CATEGORY 9)                                       |
------------------------------------------------------
```

```
------------------------------------------------------
| GO TO HX09 FOR SELECTED RU MEMBER.                  |
------------------------------------------------------
```

HX08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does} {you/{PERSON}} receive **Medicare** because of a medical
condition or a disability?

```
     YES ..................................... 1 {END_LP04}
     NO ...................................... 2 {END_LP04}
     REF ..................................... -7 {END_LP04}
     DK ...................................... -8 {END_LP04}
```

HELP AVAILABLE FOR DEFINITION OF CONDITION/DISABILITY.

23

HX09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get **Medicare.** {Do/Does}
{you/{PERSON}} receive Social Security?

```
YES ..................................... 1 {END_LP04}
NO ...................................... 2 {END_LP04}
REF ..................................... -7 {END_LP04}
DK ...................................... -8 {END_LP04}
```

HELP AVAILABLE FOR DEFINITION OF SOCIAL SECURITY.

END_LP04
========

```
-------------------------------------------------------
|   CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO      |
|   MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------------------------------------------------


-------------------------------------------------------
|   IF NO MORE PERSONS MEET THE STATED CONDITIONS,     |
|   END LOOP_04 AND CONTINUE WITH BOX_12               |
-------------------------------------------------------
```

BOX_12
======

```
-------------------------------------------------------
|   IF MEDICAID/SCHIP PROVIDED TO ANY RU MEMBER        |
|   DURING THE PREVIOUS ROUND, GO TO BOX_14            |
-------------------------------------------------------


-------------------------------------------------------
|   OTHERWISE, CONTINUE WITH BOX_12A                   |
-------------------------------------------------------
```

BOX_12A
=======

```
-----------------------------------------------------
| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF           |
| INSURANCE FOR ANY RU MEMBER DURING THE CURRENT      |
| ROUND, GO TO BOX_14                                 |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX10                       |
-----------------------------------------------------
```

HX10
====

{STR-DT}
{END-DT}

SHOW CARD HX-3.

{**Medicaid/{STATE NAME FOR MEDICAID}**} **or {STATE CHIP NAME}** are state
programs that pay for health care for persons in need. People covered
by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} may have
a (piece of paper/card) that looks something like this.

At any time {since {START DATE}/between {START DATE} and {END DATE}},
has anyone in the family been covered by {Medicaid/{STATE NAME FOR
MEDICAID}} or {STATE CHIP NAME}?

```
YES ..................................... 1
NO ...................................... 2 {BOX_14}
REF ..................................... -7 {BOX_14}
DK ...................................... -8 {BOX_14}
```

HELP AVAILABLE FOR DEFINITION OF MEDICAID/SCHIP.

```
-----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY|
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH     |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE ATTACHMENT 37.                          |
-----------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| SUBSTITUTING THE REAL NAME FOR PROGRAM.  FOR THE  |
| SPECIFIC NAME TO USE BY STATE, SEE ATTACHMENT 37. |
-------------------------------------------------------


-------------------------------------------------------
| DISPLAY 'since {START DATE}' IF NOT ROUND 5.      |
| DISPLAY 'between {START DATE} and {END DATE}' IF  |
| ROUND 5.                                          |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT   |
| PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO    |
| LOOP_05                                           |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE  |
| WITH HX11                                         |
-------------------------------------------------------
```

HX11
====

{STR-DT}
{END-DT}

Who is covered by {**Medicaid/{STATE NAME FOR MEDICAID}**} **or**
{STATE CHIP NAME}?

PROBE: Who else is covered by {**Medicaid/{STATE NAME FOR**
MEDICAID}} **or {STATE CHIP NAME}**?

    [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 REAL  |
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH     |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE BOX ON HX06.                           |
-------------------------------------------------------
```

```
-----------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| SUBSTITUTING THE REAL NAME FOR PROGRAM.  FOR THE  |
| SPECIFIC NAME TO USE BY STATE, SEE ATTACHMENT 37. |
-----------------------------------------------------


-----------------------------------------------------
| GO TO LOOP_05                                      |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_MEMBERS_1                                |
|                                                   |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
-----------------------------------------------------


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


-----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
| FROM THE LISTED MEMBERS.                          |
|                                                   |
| 2. ADD, DELETE, AND EDIT DISALLOLWED.             |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER FILTER:                                    |
| NONE, DISPLAY ALL.                                |
-----------------------------------------------------
```

LOOP_05
=======

```
-----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK NAV_HX05 - END_LP05             |
-----------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:  LOOP_05 COLLECTS TIME PERIOD    |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY         |
| MEDICAID/SCHIP.  THIS LOOP CYCLES ON              |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING|
| CONDITIONS:                                       |
| -  ESTABLISHMENT IS MEDICAID/SCHIP                |
| AND                                               |
| -  PERSON IS FLAGGED AS COVERED BY MEDICAID/SCHIP |
|     DURING THE CURRENT ROUND (I.E., SELECTED IN   |
|     HX11)                                         |
-------------------------------------------------------


-------------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_05 USES NAV_HX05 TO      |
| CONTROL THE FLOW OF THE LOOP.                     |
-------------------------------------------------------
```

NAV_HX05
========

MEDICAID/SCHIP   {STR-DT}

SERIES: Time Covered by MEDICAID/SCHIP during Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED **"DONE,"** USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

RU Member

    [1. Coverage duration for [Person's Name-65] through
        MEDICAID/SCHIP]   [Status-25]
    [2. Coverage duration for [Person's Name-65] through
        MEDICAID/SCHIP]   [Status-25]
    [3. Coverage duration for [Person's Name-65] through
        MEDICAID/SCHIP]   [Status-25]

```
--------------------------------------------------------
| ROSTER DETAILS:                                       |
| COL # 1 HEADER: RU MEMBER                             |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,      |
| AND LAST NAMES (PERS.FULLNAME)                        |
| COL # 2 HEADER:  EMPTY                                |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR     |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR     |
| IS PRESENTED                                          |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER DEFINITION:                                    |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-       |
| PAIRS-ROSTER FOR SELECTION.                           |
--------------------------------------------------------


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


--------------------------------------------------------
| ROSTER FILTER:                                        |
| DISPLAY ALL RU MEMBERS SELECTED AT HX11.              |
--------------------------------------------------------


--------------------------------------------------------
| CONTINUE WITH BOX_13 FOR SELECTED RU MEMBER.          |
--------------------------------------------------------
```

BOX_13
======

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

--------------------------------------------------------
| 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_14               |
-----------------------------------------------------
```

BOX_14
======

```
-----------------------------------------------------
| IF TRICARE/CHAMPVA PROVIDED TO ANY RU MEMBER       |
| DURING THE PREVIOUS ROUND, GO TO BOX_16            |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX12                      |
-----------------------------------------------------
```

HX12
====

{STR-DT}
{END-DT}

At any time {since {START DATE}/between {START DATE} and
{END DATE}}, has anyone in the family been covered by TRICARE
or CHAMPVA?

```
YES ..................................... 1 {HX12A}
NO ...................................... 2 {BOX_16}
REF ..................................... -7 {BOX_16}
DK ...................................... -8 {BOX_16}
```

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

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

HX12A
=====

{STR-DT}
{END-DT}

Which plan is it? Is it…

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

CHECK ALL THAT APPLY.

TRICARE Standard; 1
TRICARE Prime; 2
TRICARE Extra; 3
TRICARE for Life; or 4
CHAMPVA? 5

[Code All That Apply]

```
----------------------------------------------------
|  IF HX12 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
|  SELECT PERSON AT HX13 AUTOMATICALLY BY CAPI AND  |
|  GO TO LOOP_06                                    |
----------------------------------------------------
```

```
----------------------------------------------------
|  IF HX12 IS CODED '1' (YES) AND MULTI-PERSON RU,  |
|  CONTINUE WITH HX13                               |
----------------------------------------------------
```

HX13
====

{STR-DT}
{END-DT}

Who is covered by TRICARE or CHAMPVA?

PROBE: Who else is covered by TRICARE or CHAMPVA?

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

```
-----------------------------------------------
|  GO TO LOOP_06                              |
-----------------------------------------------
```

```
-----------------------------------------------
|  ROSTER DETAILS:                            |
|  Title: RU_MEMBERS_1                        |
|                                             |
|  COL #1 HEADER: NAME                        |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE   |
|  AND LAST NAMES (PERS.FULLNAME)             |
-----------------------------------------------
```

```
-----------------------------------------------
|  ROSTER DEFINITION:                         |
|  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION|
|  OF RU-MEMBERS.                             |
-----------------------------------------------
```

```
-----------------------------------------------
|  ROSTER BEHAVIOR:                           |
|  1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
|  FROM THE LISTED MEMBERS.                   |
|                                             |
|  2. ADD, DELETE, AND EDIT DISALLOWED.       |
-----------------------------------------------
```

```
-----------------------------------------------
|  ROSTER FILTER:                             |
|  NONE, DISPLAY ALL.                         |
-----------------------------------------------
```

LOOP_06
=======

```
        -------------------------------------------------
        |  FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-  |
        |  PAIRS-ROSTER, ASK NAV_HX06 - END_LP06          |
        -------------------------------------------------


        -------------------------------------------------
        |  LOOP DEFINITION:  LOOP_06 COLLECTS TIME PERIOD    |
        |  COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE |
        |  OR CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-    |
        |  PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:  |
        |  -  ESTABLISHMENT IS TRICARE/CHAMPVA              |
        |  AND                                            |
        |  -  PERSON IS FLAGGED AS COVERED BY TRICARE/CHAMPVA|
        |     DURING THE CURRENT ROUND (I.E., SELECTED AT   |
        |     HX13)                                        |
        -------------------------------------------------


        -------------------------------------------------
        |  NAVIGATOR DETAILS:  LOOP_06 USES NAV_HX06 TO     |
        |  CONTROL THE FLOW OF THE LOOP.                   |
        -------------------------------------------------
```

NAV_HX06
========

```
        TRICARE OR CHAMPVA                    {STR-DT}

        SERIES:  Time Covered by TRICARE OR CHAMPVA during Reference
        Period.

        USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

        WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO
        PAST THIS SERIES.

        IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
        SERIES.
```

RU Member

[1. Coverage duration for [Person's Name-65] through
    TRICARE OR CHAMPVA]   [Status-25]
[2. Coverage duration for [Person's Name-65] through
    TRICARE OR CHAMPVA]   [Status-25]
[3. Coverage duration for [Person's Name-65] through
    TRICARE OR CHAMPVA]   [Status-25]

```
--------------------------------------------------------
| ROSTER DETAILS:                                      |
| COL # 1 HEADER: RU MEMBER                            |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,     |
| AND LAST NAMES (PERS.FULLNAME)                       |
| COL # 2 HEADER:  EMPTY                               |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR    |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR    |
| IS PRESENTED                                         |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER DEFINITION:                                   |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-      |
| PAIRS-ROSTER FOR SELECTION.                          |
--------------------------------------------------------


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


--------------------------------------------------------
| ROSTER FILTER:                                       |
| DISPLAY ALL RU MEMBERS SELECTED AT HX13.             |
--------------------------------------------------------


--------------------------------------------------------
| CONTINUE WITH BOX_15 FOR SELECTED RU MEMBER.         |
--------------------------------------------------------
```

BOX_15
======

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


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

END_LP06
========

```
---------------------------------------------------
|   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_06 AND CONTINUE WITH BOX_16             |
---------------------------------------------------
```

BOX_16
======

```
---------------------------------------------------
|   IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR   |
|   ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19 |
---------------------------------------------------

---------------------------------------------------
|   OTHERWISE, CONTINUE WITH BOX_17                  |
---------------------------------------------------
```

BOX_17
======

```
---------------------------------------------------
|   IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU    |
|   MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19   |
---------------------------------------------------

---------------------------------------------------
|   OTHERWISE, CONTINUE WITH HX14                    |
---------------------------------------------------
```

HX14
====

{STR-DT}
{END-DT}

At any time {since {START DATE}/between {START DATE} and
{END DATE}}, has anyone in the family had any other type of health
insurance from any state or local government agency which **provided
hospital and physician benefits**?

            YES .... 1 {HX14A}
            NO .... 2 {BOX_19}
            REF .... -7 {BOX_19}
            DK .... -8 {BOX_19}

        HELP AVAILABLE FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

        | DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
        | DISPLAY 'between {START DATE} and {END DATE}' IF |
        | ROUND 5. |

HX14A
=====

{STR-DT}

What is the name of the plan?

        [Enter text] ....

        | NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED |
        | FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER |
        | (WHERE APPROPRIATE). |

        | IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
        | SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND |
        | GO TO LOOP_07 |

        | IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, |
        | CONTINUE WITH HX15 |

HX15
====

{STR-DT}
{END-DT}

Who is covered by a program sponsored by a state or local
government agency which provided hospital and physician
benefits?

PROBE: Who else is covered by a program sponsored by a state
or local government agency which provided hospital and
physician benefits?

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

```
 ---------------------------------------------------
|  GO TO LOOP_07                                    |
 ---------------------------------------------------
```

```
 ---------------------------------------------------
|  ROSTER DETAILS:                                  |
|  TITLE: RU_MEMBERS_1                              |
|                                                   |
|  COL # 1 HEADER: NAME                             |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
|  AND LAST NAMES (PERS.FULLNAME)                   |
 ---------------------------------------------------
```

```
 ---------------------------------------------------
|  ROSTER DEFINITION:                               |
|  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR         |
|  SELECTION OF RU MEMBERS.                         |
 ---------------------------------------------------
```

```
 ---------------------------------------------------
|  ROSTER BEHAVIOR:                                 |
|  1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
|  FROM THE LISTED MEMBERS.                         |
|                                                   |
|  2. ADD, DELETE, AND EDIT DISALLOLWED.            |
 ---------------------------------------------------
```

```
 ---------------------------------------------------
|  ROSTER FILTER:                                   |
|  NONE, DISPLAY ALL.                               |
 ---------------------------------------------------
```

LOOP_07
=======

```
        -----------------------------------------------
        | FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
        | PAIRS-ROSTER, ASK NAV_HX07 - END_LP07         |
        -----------------------------------------------

        -----------------------------------------------
        | LOOP DEFINITION:  LOOP_07 COLLECTS TIME PERIOD  |
        | COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- |
        | HOSPITAL/PHYSICIAN.  THIS LOOP CYCLES ON        |
        | ESTABLISHMENT-PERSON-PAIRS THAT MEET THE        |
        | FOLLOWING CONDITIONS:                           |
        | - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN      |
        | AND                                             |
        | - PERSON IS FLAGGED AS BEING COVERED BY GOVT-   |
        |    HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND  |
        |    (I.E., SELECTED AT HX15)                     |
        -----------------------------------------------

        -----------------------------------------------
        | NAVIGATOR DETAILS:  LOOP_07 USES NAV_HX07 TO    |
        | CONTROL THE FLOW OF THE LOOP.                   |
        -----------------------------------------------
```

NAV_HX07
========

{PLAN NAME FROM HX14A.....}   {STR-DT}

SERIES: Time Covered by {PLAN NAME FROM HX14A.....} during
Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

                              RU Member

    [1. Coverage duration for [Person's Name-65] through
        {PLAN NAME FROM HX14A.....}]   [Status-25]
    [2. Coverage duration for [Person's Name-65] through
        {PLAN NAME FROM HX14A.....}]   [Status-25]
    [3. Coverage duration for [Person's Name-65] through
        {PLAN NAME FROM HX14A.....}]   [Status-25]

```
-------------------------------------------------------
|  ROSTER DETAILS:                                    |
|  COL # 1 HEADER: RU MEMBER                          |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,   |
|  AND LAST NAMES (PERS.FULLNAME)                     |
|  COL # 2 HEADER:  EMPTY                             |
|  INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
|  STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR  |
|  IS PRESENTED                                       |
-------------------------------------------------------


-------------------------------------------------------
|  ROSTER DEFINITION:                                 |
|  THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-    |
|  PAIRS-ROSTER FOR SELECTION.                        |
-------------------------------------------------------


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


-------------------------------------------------------
|  ROSTER FILTER:                                     |
|  DISPLAY ALL RU MEMBERS SELECTED AT HX15.           |
-------------------------------------------------------


-------------------------------------------------------
|  CONTINUE WITH BOX_18 FOR SELECTED RU MEMBER.       |
-------------------------------------------------------
```

BOX_18
======


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


-------------------------------------------------------
|  AT COMPLETION OF THE HQ SECTION, CONTINUE WITH     |
|  END_LP07                                           |
-------------------------------------------------------
```

END_LP07
========

```
     -------------------------------------------------------
     |   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_07 AND CONTINUE WITH BOX_19             |
     -------------------------------------------------------
```

BOX_19
======

```
     -------------------------------------------------------
     |   IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO |
     |   ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS     |
     |   ROUND, GO TO HX21                                 |
     -------------------------------------------------------


     -------------------------------------------------------
     |   OTHERWISE, CONTINUE WITH HX16                     |
     -------------------------------------------------------
```

HX16
====

{STR-DT}
{END-DT}

Some people receive health benefits from other state programs such
as (READ PROGRAM NAMES BELOW) or other public programs that provide
coverage for health care services.

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

At any time {since {START DATE}/between {START DATE} and {END
DATE}}, has anyone in the family been covered by any program like
this?

```
        YES .................................... 1 {LOOP_08}
        NO ..................................... 2 {HX21}
        REF ................................... -7 {HX21}
        DK .................................... -8 {HX21}
```

        HELP AVAILABLE FOR A LIST OF OTHER STATE PROGRAMS.

        | DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |
        | STATE PROGRAMS (AS LISTED IN ATTACHMENT 37) FOR |
        | 'STATE NAME FOR PROGRAM #N' IF STATE HAS OTHER |
        | STATE PROGRAMS. OTHERWISE, USE A NULL DISPLAY. |
        | |
        | DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
        | DISPLAY 'between {START DATE} and {END DATE}' IF |
        | ROUND 5. |

LOOP_08
=======

```
 ------------------------------------------------------
|  FOR EACH OF THE FOLLOWING:                          |
|                                                      |
|  GROUP 1                                             |
|  GROUP 2                                             |
|                                                      |
|  ASK BOX_20-END_LP08                                 |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
|  LOOP DEFINITION:  LOOP_08 COLLECTS INFORMATION ON |
|  OTHER STATE OR PUBLIC PROGRAMS.  THE FIRST CYCLE   |
|  OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC         |
|  INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2      |
|  OTHER PUBLIC INSURANCE PROGRAMS.                   |
|                                                      |
|  THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE        |
|  SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE |
|  RESPONSE AT HX20.  IF HX20 IS CODED '1' (YES),    |
|  THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC   |
|  INSURANCE INFORMATION. IF HX20 IS CODED '2' (NO), |
|  '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT      |
|  ASKED, THE LOOP ENDS.                             |
 ------------------------------------------------------
```

BOX_20
======

```
 ------------------------------------------------------
|  IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17      |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
|  OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO  |
|  TO HX18                                            |
 ------------------------------------------------------
```

HX17
====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA
IS MENTIONED, SELECT 'NONE OF THESE'.

```
{STATE SPECIFIC PLAN 1} ................ 1
{STATE SPECIFIC PLAN 2} ................ 2
{STATE SPECIFIC PLAN 3} ................ 3
{STATE SPECIFIC PLAN 4} ................ 4
OTHER ................................. 91 {HX17OV}
NONE OF THESE ........................ 95 {HX18}
REF .................................. -7 {BOX_21}
DK ................................... -8 {BOX_21}
```

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

```
-----------------------------------------------------
|  FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL    |
|  NAME OF A STATE PLAN WHEN INTERVIEW IS BEING      |
|  CONDUCTED IN A STATE THAT HAS OTHER STATE         |
|  PROGRAMS.  FOR THE SPECIFIC NAMES OF PROGRAMS BY  |
|  STATE, SEE ATTACHMENT 37.                         |
-----------------------------------------------------


-----------------------------------------------------
|  ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP|
|  1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED |
|  ABOUT IN HX19.                                    |
-----------------------------------------------------


-----------------------------------------------------
|  CODES '1', '2', '3', '4', '5', AND '6' ARE        |
|  RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE   |
|  HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER    |
|  CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC  |
|  PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' |
|  AT HX18.)                                         |
-----------------------------------------------------
```

```
-----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT   |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN      |
| COMBINATION WITH ANY OTHER CODE.                  |
-----------------------------------------------------


-----------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
| WITH ANY OTHER CODE, CONTINUE WITH HX17OV         |
-----------------------------------------------------


-----------------------------------------------------
| IF CODED '95' (NONE OF THESE), GO TO HX18         |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO BOX_21                           |
-----------------------------------------------------


-----------------------------------------------------
| HARD CHECK:                                       |
| EDIT:  CODE '95' (NONE OF THESE) CANNOT BE ENTERED|
| WITH ANY OTHER CODES.  IF CODED '95' (NONE OF     |
| THESE) WITH ANY OTHER CODES, DISPLAY THE          |
| FOLLOWING MESSAGE:  "95 CANNOT BE CODED WITH ANY  |
| OTHER RESPONSES.  VERIFY AND RE-ENTER.  CONTINUE."|
-----------------------------------------------------
```

HX17OV
======

SPECIFY:

    [Enter Other Specify] .... {BOX_21}
    REF .... -7 {BOX_21}
    DK .... -8 {BOX_21}

HX18
====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

```
TANF (TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES) ............................. 7
SSI (SUPPLEMENTAL SECURITY INCOME) ..... 8
WIC (WOMEN, INFANTS AND CHILDREN) ...... 9
IHS (INDIAN HEALTH SERVICE) ........... 10
PUBLIC HEALTH CLINIC .................. 11
VA (VETERANS ADMINISTRATION) .......... 12
REF .................................. -7 {END_LP08}
DK ................................... -8 {END_LP08}
```

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

```
-------------------------------------------------
| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A   |
| GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN |
| ASKED ABOUT IN HX19                            |
-------------------------------------------------


-------------------------------------------------
| IF:                                            |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND        |
| AND                                            |
| HX18 IS CODED '7' (TANF), '8' (SSI), OR '9'    |
| (WIC), ALONE OR WITH ANY OTHER COMBINATION OF  |
| CODES, CONTINUE WITH BOX_21                     |
-------------------------------------------------


-------------------------------------------------
| OTHERWISE, GO TO END_LP08                       |
-------------------------------------------------
```

45

BOX_21
======

```
        --------------------------------------------------
        |  IF SINGLE-PERSON RU, SELECT PERSON AT HX19     |
        |  AUTOMATICALLY BY CAPI AND GO TO LOOP_09        |
        --------------------------------------------------

        --------------------------------------------------
        |  IF MULTI-PERSON RU, CONTINUE WITH HX19         |
        --------------------------------------------------
```

HX19
====

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

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

```
        --------------------------------------------------
        |  IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED|
        |  AT HX17.  IF COMING FROM HX18, DISPLAY ALL     |
        |  PROGRAMS SELECTED AT HX18.                     |
        --------------------------------------------------

        --------------------------------------------------
        |  ROSTER DETAILS:                                |
        |  TITLE: RU_MEMBERS_1                            |
        |                                                 |
        |  COL # 1 HEADER: NAME                           |
        |  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
        |  AND LAST NAMES (PERS.FULLNAME)                 |
        --------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DEFINITION:                                |
|  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR          |
|  SELECTION OF RU MEMBERS.                          |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER BEHAVIOR:                                  |
|  1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
|  FROM THE LISTED MEMBERS.                          |
|                                                    |
|  2. ADD, DELETE, AND EDIT DISALLOLWED.             |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER FILTER:                                    |
|  NONE, DISPLAY ALL.                                |
-----------------------------------------------------
```


LOOP_09
=======


```
-----------------------------------------------------
|  FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-  |
|  PAIRS ROSTER, ASK BOX_21A - END_LP09              |
-----------------------------------------------------


-----------------------------------------------------
|  LOOP DEFINITION:  LOOP_09 COLLECTS TIME PERIOD    |
|  COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER   |
|  PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT|
|  -PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
|  -  ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER      |
|       PUBLIC PROGRAM                               |
|  AND                                               |
|  -  PERSON IS FLAGGED AS BEING COVERED BY GROUP 1  |
|     OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE     |
|     CURRENT ROUND (I.E., SELECTED IN HX19)         |
-----------------------------------------------------


-----------------------------------------------------
|  NAVIGATOR DETAILS:  LOOP_09 USES EITHER NAV_HX09A |
|  OR NAV_HX09B TO CONTROL THE FLOW OF THE LOOP.     |
-----------------------------------------------------
```

47

BOX_21A
=======

```
        -----------------------------------------------------
        | IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT      |
        | CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A  |
        | ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A |
        | GROUP 1 OTHER PUBLIC PROGRAM.  CONTINUE WITH       |
        | NAV_HX09A                                          |
        -----------------------------------------------------


        -----------------------------------------------------
        | IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND |
        | CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A      |
        | GROUP 2 OTHER PUBLIC PROGRAM.  GO TO NAV_HX09B     |
        -----------------------------------------------------
```

NAV_HX09A
=========

STATE SPECIFIC PROGRAM   {STR-DT}

SERIES: Time Covered by STATE SPECIFIC PROGRAM during Reference
Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

RU Member

    [1. Coverage duration for [Person's Name-65] through
        STATE SPECIFIC PROGRAM]   [Status-25]
    [2. Coverage duration for [Person's Name-65] through
        STATE SPECIFIC PROGRAM]   [Status-25]
    [3. Coverage duration for [Person's Name-65] through
        STATE SPECIFIC PROGRAM]   [Status-25]

```
-----------------------------------------------------
| ROSTER DETAILS:                                   |
| COL # 1 HEADER: RU MEMBER                         |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
| COL # 2 HEADER:  EMPTY                            |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED                                      |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-   |
| PAIRS-ROSTER FOR SELECTION.                       |
-----------------------------------------------------


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


-----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL RU MEMBERS SELECTED AT HX19 AND       |
| FLAGGED AS BEING COVERED BY A GROUP 1 OTHER PUBLIC|
| PROGRAM DURING THE CURRENT ROUND.                 |
-----------------------------------------------------


-----------------------------------------------------
| GO TO BOX_22 FOR SELECTED RU MEMBER.              |
-----------------------------------------------------
```

NAV_HX09B
=========

STATE: TANF/SSI/WIC/IHS/PHC/VA   {STR-DT}

SERIES: Time Covered by STATE: TANF/SSI/WIC/IHS/PHC/VA during
Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

RU Member

[1. Coverage duration for [Person's Name-65] through
    STATE: TANF/SSI/WIC/IHS/PHC/VA]   [Status-25]
[2. Coverage duration for [Person's Name-65] through
    STATE: TANF/SSI/WIC/IHS/PHC/VA]   [Status-25]
[3. Coverage duration for [Person's Name-65] through
    STATE: TANF/SSI/WIC/IHS/PHC/VA]   [Status-25]

```
 -------------------------------------------------------
| ROSTER DETAILS:                                       |
| COL # 1 HEADER: RU MEMBER                             |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,      |
| AND LAST NAMES (PERS.FULLNAME)                        |
| COL # 2 HEADER:  EMPTY                                |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR     |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR     |
| IS PRESENTED                                          |
 -------------------------------------------------------


 -------------------------------------------------------
| ROSTER DEFINITION:                                    |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-       |
| PAIRS-ROSTER FOR SELECTION.                           |
 -------------------------------------------------------


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

```
--------------------------------------------------------
| ROSTER FILTER:                                       |
| DISPLAY ALL RU MEMBERS SELECTED AT HX19 AND          |
| FLAGGED AS BEING COVERED BY A GROUP 2 OTHER PUBLIC|
| PROGRAM DURING THE CURRENT ROUND.                    |
--------------------------------------------------------


--------------------------------------------------------
| GO TO BOX_22 FOR SELECTED RU MEMBER                  |
--------------------------------------------------------
```

BOX_22
======

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


--------------------------------------------------------
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH    |
| END_LP09                                             |
--------------------------------------------------------
```

END_LP09
========

```
--------------------------------------------------------
| 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_09 AND CONTINUE WITH BOX_23               |
--------------------------------------------------------
```

BOX_23
======

```
        -------------------------------------------------------
        |  IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON     |
        |  SECOND CYCLE OF LOOP_08, GO TO END_LP08            |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH HX20                      |
        -------------------------------------------------------
```

HX20
====

{STR-DT}
{END-DT}

Are there any other state programs that provide coverage for
health care services to anyone else in the family?

```
        YES .................................... 1 {END_LP08}
        NO ..................................... 2 {END_LP08}
        REF ................................... -7 {END_LP08}
        DK .................................... -8 {END_LP08}
```

END_LP08
========

```
        -------------------------------------------------------
        |  IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP|
        |  2 PUBLIC INSURANCE INFORMATION.                   |
        -------------------------------------------------------


        -------------------------------------------------------
        |  IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8'   |
        |  (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND    |
        |  CONTINUE WITH HX21                                |
        -------------------------------------------------------
```

HX21
====

{STR-DT}
{END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had {since {START DATE}/between {START DATE} and {END DATE}} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

{Since {START DATE}/Between {START DATE} and {END DATE}} we show the family has had the following health insurance:

HX21 01. ESTABLISHMENT NAME (INSURER)	HX21 02. COVERED RU MEMBERS
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
----------------------------------------------------
| DISPLAY 'This includes...coverage.' IF ANYONE IN  |
| RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING   |
| THE CURRENT ROUND.                                |
|                                                   |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5.      |
| DISPLAY 'between {START DATE} and {END DATE}' IF  |
| ROUND 5.                                          |
|                                                   |
| DISPLAY 'So far, ... and {END DATE}}:' AND THE    |
| REPORT OF CURRENT ROUND HEALTH INSURANCE IF ANY   |
| SOURCES OF INSURANCE ARE RECORDED FOR THIS RU.    |
----------------------------------------------------
```

HX22
====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Please look at this card. It lists various ways people can
obtain health insurance.

{Not counting insurance you already told me about, at/At} any
time {since {START DATE}/between {START DATE} and {END DATE}},
was anyone in the family covered by health insurance from any
{other} source, such as those listed on the card?

           YES .... 1 {LOOP_10}
           NO .... 2 {BOX_25}
           REF .... -7 {BOX_25}
           DK .... -8 {BOX_25}

        HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

        | DISPLAY 'Not counting insurance you already told |
        | me about, at' AND 'other' IF ANY SOURCES OF |
        | INSURANCE ARE RECORDED FOR THIS RU. |
        | |
        | IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |
        | RU, DISPLAY 'At'. |
        | |
        | DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
        | DISPLAY 'between {START DATE} and {END DATE}' IF |
        | ROUND 5. |

LOOP_10
=======

```
 ----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                         |
|                                                    |
| PRIVATELY PURCHASED INSURANCE CATEGORY 1           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 2           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 3           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 4           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 5           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 6           |
|                                                    |
| ASK HX23 - END_LP10                                |
 ----------------------------------------------------


 ----------------------------------------------------
| LOOP DEFINITION:  LOOP_10 COLLECTS INFORMATION     |
| ABOUT PRIVATELY PURCHASED HEALTH INSURANCE         |
| OBTAINED FROM SOURCES OTHER THAN EMPLOYERS         |
| MENTIONED IN THE EMPLOYMENT SECTION OF THE         |
| INTERVIEW.  THIS LOOP CYCLES ON SOURCES OF         |
| PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE  |
| FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE |
| OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT       |
| CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE  |
| AT HX24.  IF HX24 IS CODED '1' (YES), THE LOOP     |
| CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF         |
| PRIVATELY PURCHASED INSURANCE.  IF HX24 IS CODED   |
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW),    |
| THE LOOP ENDS.                                     |
 ----------------------------------------------------
```

55

HX23
====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

From which of the sources on this card did anyone in the family
purchase health insurance?

```
FROM A GROUP OR ASSOCIATION ..............  1 {BOX_24}
DIRECTLY THROUGH A SCHOOL ................  3 {BOX_24}
DIRECTLY FROM AN INSURANCE AGENT ........  4 {BOX_24}
DIRECTLY FROM INSURANCE COMPANY .........  5 {BOX_24}
DIRECTLY FROM AN HMO ....................  6 {BOX_24}
FROM A UNION ............................  7 {BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (COBRA) ..  8 {BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER
   (NOT COBRA) ...........................  9 {BOX_24}
FROM SPOUSE'S/DECEASED SPOUSE'S PREVIOUS
   EMPLOYER .............................. 10 {BOX_24}
FROM SOME OTHER EMPLOYER ................ 11 {BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE ... 12 {BOX_24}
DIRECTLY FROM A HIGH RISK POOL {/{STATE
   NAME FOR HIGH RISK POOL}} ............. 13 {BOX_24}
OTHER SOURCE ........................... 91 {HX23OV}
REF .................................... -7 {BOX_24}
DK ..................................... -8 {BOX_24}
```

                    [Code One]

      HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
     ----------------------------------------------------
     |  STARTING IN PANEL 12 ROUND 2, CATEGORY '2' (FROM  |
     |  A HEALTH INSURANCE PURCHASING ALLIANCE) WAS       |
     |  OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS. |
     ----------------------------------------------------


     ----------------------------------------------------
     |  STARTING IN PANEL 14 ROUND 5, PANEL 15 ROUND 3 AND|
     |  PANEL 16 ROUND 1, CATEGORY '13' (DIRECTLY FROM A  |
     |  HIGH RISK POOL {/{STATE NAME FOR HIGH RISK POOL}})|
     |  WAS ADDED AS A CATEGORY AND WILL BE ADDED IN ALL  |
     |  FUTURE ROUNDS.                                    |
     ----------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY '/{STATE NAME FOR HIGH RISK POOL}' IF       |
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED OFFERS|
| A HIGH RISK POOL HEALTH INSURANCE PLAN.  THIS      |
| INCLUDES ALL STATES EXCEPT:  AZ, DE, DC, GA, HI,   |
| ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA.  IF    |
| INTERVIEW STATE IS ONE OF THESE STATES, USE A NULL|
| DISPLAY.                                           |
|                                                    |
| FOR 'STATE NAME FOR HIGH RISK POOL' DISPLAY THE    |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE|
| IN WHICH INTERVIEW IS BEING CONDUCTED.             |
-------------------------------------------------------


-------------------------------------------------------
| DISPLAY AN 'ADD OTHER SOURCE' BUTTON ON THIS       |
| SCREEN.                                            |
-------------------------------------------------------


-------------------------------------------------------
| IF 'ADD OTHER SOURCE' IS SELECTED, PRESENT 'ADD    |
| OTHER SOURCE' POP-UP (HX23OV) AND THEN GO TO       |
| BOX_24.                                            |
-------------------------------------------------------
```

HX23OV
======

ENTER OTHER:

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


BOX_24
======

```
        -------------------------------------------------------
        | ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION  |
        | FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND    |
        | FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE. |
        -------------------------------------------------------


        -------------------------------------------------------
        | AT COMPLETION OF THE HP SECTION, CONTINUE WITH    |
        | HX24                                              |
        -------------------------------------------------------
```

HX24
====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time {since
{START DATE}/between {START DATE} and {END DATE}}, was anyone in
the family covered by health insurance from any other source
listed on this card?

PROBE: Please include any type of health insurance anyone in
the family is covered by which has not been discussed yet. This
includes health insurance that was obtained from a source not
listed on this card.

```
        YES .................................... 1 {END_LP10}
        NO ..................................... 2 {END_LP10}
        REF ................................... -7 {END_LP10}
        DK .................................... -8 {END_LP10}
```

   HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.


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


END_LP10
========

```
    ------------------------------------------------------
    |  IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE  |
    |  NEXT INSURANCE CATEGORY.                          |
    ------------------------------------------------------
```

```
    ------------------------------------------------------
    |  OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25   |
    ------------------------------------------------------
```

BOX_25
======

```
-------------------------------------------------------
|  IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY|
|  CURRENT RU MEMBER, GO TO BOX_45                   |
-------------------------------------------------------

-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_26                   |
-------------------------------------------------------
```

BOX_26
======

```
-------------------------------------------------------
|  IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF      |
|  INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH |
|  BOX_27                                            |
-------------------------------------------------------

-------------------------------------------------------
|  OTHERWISE, GO TO BOX_29                           |
-------------------------------------------------------
```

BOX_27
======

```
-------------------------------------------------------
|  IF ROUND 1, GO TO LOOP_11                         |
-------------------------------------------------------

-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_28                   |
-------------------------------------------------------
```

BOX_28
======

```
         --------------------------------------------------
         | IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |
         | MEMBERS WHERE MEDICARE WAS RECORDED AS BEING      |
         | RECEIVED THIS ROUND.  THAT IS, CONTINUE WITH      |
         | LOOP_11 ONLY IF THERE IS AT LEAST ONE             |
         | ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT |
         | IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.  |
         --------------------------------------------------


         --------------------------------------------------
         | OTHERWISE, GO TO BOX_29                          |
         --------------------------------------------------
```

LOOP_11
=======

```
         --------------------------------------------------
         | FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
         | PAIRS-ROSTER, ASK HX25-END_LP11                  |
         --------------------------------------------------


         --------------------------------------------------
         | LOOP DEFINITION:  LOOP_11 COLLECTS MEDICARE CARD |
         | AND MANAGED CARE INFORMATION FOR RU MEMBERS      |
         | COVERED BY MEDICARE.  THIS LOOP CYCLES ON        |
         | ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING|
         | CONDITIONS:                                      |
         | IF ROUND 1:                                      |
         |   - ESTABLISHMENT IS MEDICARE                    |
         |   AND                                            |
         |   - PERSON IS AN RU MEMBER FLAGGED AS COVERED BY |
         |     MEDICARE DURING THE ROUND                    |
         | IF NOT ROUND 1:                                  |
         |   - ESTABLISHMENT IS MEDICARE                    |
         |   AND                                            |
         |   - PERSON IS AN RU MEMBER                       |
         |   AND                                            |
         | - ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND|
         --------------------------------------------------
```

HX25
====

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

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Can you please take out {your/{PERSON}'s} Medicare card?

We do not need {your/his/her} Medicare number, but
would like to record the exact date {your/his/her} Medicare coverage
became effective and what type of coverage {you/he/she} {have/has}
through Medicare.

        CARD AVAILABLE .... 1 {HX26}
        CARD NOT AVAILABLE .... 2 {HX28A}
        REF .... -7 {HX28A}
        DK .... -8 {HX28A}

                        [Code One]

        | STARTING IN PANEL 13 ROUND 1/PANEL 12 ROUND 3, |
        | CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN). |

HX26
====

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

Is that card a regular Medicare card, a Railroad Retirement
Board card, or some other Medicare card?

        MEDICARE CARD (RED, WHITE AND BLUE) 1
        RAILROAD RETIREMENT BOARD CARD (RED,
        WHITE AND BLUE) 2
        SOME OTHER CARD 3

                [Code All That Apply]

        | NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY |
        | TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME |
        | OTHER CARD. |

61

```
       -------------------------------------------------
      |   IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD     |
      |   RETIREMENT BOARD CARD), CONTINUE WITH HX27       |
       -------------------------------------------------


       -------------------------------------------------
      |   IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28A  |
       -------------------------------------------------
```

HX27
====

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

SHOW CARD HX-2.

Please tell me the effective date listed on the card.

{Are/Is} {you/{PERSON}} entitled to hospital (Part A), medical
(Part B), or both?

EFFECTIVE DATE:
                [Enter Month,Day,Year-4]

TYPE OF COVERAGE (IS ENTITLED TO):
     HOSPITAL ONLY 1
     MEDICAL AND HOSPITAL 2
     MEDICAL ONLY 3

                    [Code One]

      | STARTING IN PANEL 13, ROUND 1/PANEL 12, ROUND 3, |
      | CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN). |

      | GO TO BOX_28A |

```

```
-----------------------------------------------------
| HARD CHECK:                                       |
| CHECK EFFECTIVE DATE.  DATE MUST BE ON OR BEFORE  |
| (I.E., < OR =) THE INTERVIEW DATE.  IF EFFECTIVE  |
| DATE IS ON OR BEFORE JANUARY 1, {YEAR}, WHERE     |
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL,   |
| FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE |
| ON JAN 1, {YEAR}'.                                |
-----------------------------------------------------


-----------------------------------------------------
| SOFT RANGE CHECK:  MEDICARE EFFECTIVE DATE MUST   |
| BE = OR > BIRTH DATE OF PERSON.                   |
-----------------------------------------------------
```

HX28
=====

OMITTED.

HX28A
=====

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

Part A of Medicare covers most hospital expenses. Part B covers
many doctors' expenses, including doctor visits, and the premium
is usually deducted from {your/{PERSON}'s} Social Security.

{Are/Is} {you/he/she} covered under Part B of Medicare?

        YES .... 1 {HX29}
        NO .... 2 {HX29}
        REF .... -7 {HX29}
        DK .... -8 {HX29}

HX29
====

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

When did {your/{PERSON}'s} Medicare coverage start?

```
     [Enter Month,Year-4] ..................   {HX30}
     REF .................................. -7 {HX29OV}
     DK ................................... -8 {HX29OV}
```

```
   --------------------------------------------------
   |  IF EFFECTIVE DATE IS:                          |
   |  - A VALID DATE (I.E., NOT 'RF' (REFUSED) OR 'DK'  |
   |    (DON'T KNOW)  IN THE MONTH OR YEAR FIELDS    |
   |  AND                                            |
   |  - ON OR BEFORE JANUARY 1, {YEAR}, WHERE 'YEAR' IS |
   |    THE FIRST CALENDAR YEAR OF THE PANEL,         |
   |  THEN FLAG RU MEMBER AS 'WITH HEALTH INSURANCE    |
   |  COVERAGE ON JAN 1, {YEAR}.                     |
   --------------------------------------------------
```

```
   --------------------------------------------------
   |  HARD CHECK:                                    |
   |  DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW|
   |  DATE OR 12/31/{YEAR}, WHERE YEAR IS THE SECOND   |
   |  CALENDAR YEAR OF THE PANEL, IF ROUND 5.  '-7'   |
   |   (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON THE|
   |  MONTH AND YEAR FIELDS.                          |
   |                                                 |
   |  MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE |
   |  OF PERSON.                                      |
   --------------------------------------------------
```

HX29OV
======

Did {you/he/she} have Medicare coverage on January 1, {YEAR}?

```
     YES .................................  1 {HX30}
     NO ..................................  2 {HX30}
     REF ................................. -7 {HX30}
     DK .................................. -8 {HX30}
```

```
    -------------------------------------------------
    | IF HX29OV CODED '1' (YES), FLAG PERSON AS 'WITH  |
    | HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}, WHERE |
    | 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.   |
    -------------------------------------------------
```

HX29OV2
=======

OMITTED.

HX30
====

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

SHOW CARD HX-2.

{Do/Does} {you/{PERSON}} have a Medicare card that looks like this?

```
        YES ..................................... 1 {BOX_28A}
        NO ...................................... 2 {BOX_28A}
        REF ..................................... -7 {BOX_28A}
        DK ...................................... -8 {BOX_28A}
```


HX30A
=====

OMITTED.
MOVED AND RENUMBERED TO HX35A

BOX_28A
=======


```
        -------------------------------------------------
        | NOTE:  STATES THAT DO NOT OFFER MEDICARE MANAGED |
        | CARE PLANS INCLUDE THE FOLLOWING:                |
        |    ALASKA                                        |
        -------------------------------------------------
```

```
---------------------------------------------------
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED   |
| DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE |
| HX31 AND HX32 '2' (NO) AUTOMATICALLY BY CAPI AND  |
| GO TO HX35A                                       |
---------------------------------------------------
```

```
---------------------------------------------------
| OTHERWISE, CONTINUE WITH HX31                     |
---------------------------------------------------
```

HX31
====

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

SHOW CARD HX-5.

Is the name of {your/{PERSON}'s} insurance plan through Medicare{,
as of {END DATE},} listed on this card?

```
    YES ..................................... 1 {HX31OV}
    NO ...................................... 2 {HX32}
    REF .................................... -7 {HX32}
    DK ..................................... -8 {HX32}
```

 HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

```
    ---------------------------------------------------
    | DISPLAY ', as of {END DATE},' IF ROUND 5.        |
    | OTHERWISE, USE A NULL DISPLAY.                    |
    ---------------------------------------------------
```

HX31OV
======

Which insurance plan {is/was} {your/his/her} Medicare managed care
plan {as of {END DATE}}?

CODE LETTER OF PLAN FROM SHOW CARD:

        [Enter Plan Letter From Card] .... {HX33A}

```
-----------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF     |
| ROUND 5.                                           |
|                                                    |
| DISPLAY 'as of {END DATE}'  IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY.                                |
-----------------------------------------------------


-----------------------------------------------------
| 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.                            |
-----------------------------------------------------


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

HX32
====

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

{{Are/Is} {you/{PERSON}} currently/As of {END DATE}, {were/was}
{you/{PERSON}} enrolled in a Medicare Advantage or managed care plan,
such as an HMO (Health Maintenance Organization) or PPO (Preferred
Provider Organization) to receive {your/his/her} Medicare-funded
health care? When answering, please include only insurance from
Medicare, not any privately purchased or job-related insurance.

```
    YES .................................... 1 {HX33}
    NO ..................................... 2 {HX35A}
    REF .................................... -7 {HX35A}
    DK ..................................... -8 {HX35A}
```

 HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

```
-------------------------------------------------
| DISPLAY '{Are/Is} {you/{PERSON} currently' IF NOT |
| ROUND 5. DISPLAY 'as of {END DATE}, {were/was}    |
| {you/{PERSON}' IF ROUND 5.                         |
-------------------------------------------------
```

HX32A
=====

OMITTED.

HX33
====

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

What {is/was} the name of {your/{PERSON}'s} Medicare managed care
plan {as of {END DATE}}?

```
    [Enter Plan Name] .....................    {HX33A}
    REF ................................... -7 {HX33A}
    DK ................................... -8 {HX33A}
```

```
-------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF     |
| ROUND 5.                                          |
|                                                   |
| DISPLAY 'as of {END DATE}' IF ROUND 5.  OTHERWISE,|
| USE A NULL DISPLAY.                               |
-------------------------------------------------
```

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

HX33A
=====

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

{{Do/Does}/Did} {you/{PERSON}} have prescribed medicine coverage
through {{{PLAN NAME ENTERED AT HX31OV-50}/{NAME OF PLAN FROM
HX33}}/{your/his/her} Medicare managed care plan} {as of {END DATE}}?

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

```
     ---------------------------------------------------
    |  DISPLAY '{Do/Does}' IF NOT ROUND 5.  DISPLAY 'Did'|
    |  IF ROUND 5.                                       |
    |                                                    |
    |  DISPLAY '{{PLAN NAME ENTERED AT HX31OV-50}/{NAME  |
    |  OF PLAN FROM HX33}}' IF A PLAN NAME WAS CODED AT  |
    |  HX31OV OR HX33.  DISPLAY '{your/his/her} Medicare |
    |  managed care plan' IF HX33 IS CODED '-7' (REF)    |
    |  OR '-8' (DK).                                     |
    |                                                    |
    |  DISPLAY '{PLAN NAME ENTERED AT HX31OV-50}' IF A   |
    |  PLAN LETTER WAS ENTERED AT HX31OV.  DISPLAY THE   |
    |  ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER   |
    |  ENTERED AT HX31OV FOR THIS STATE.                 |
    |  DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR  |
    |  'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS       |
    |  ENTERED.                                          |
    |                                                    |
    |  DISPLAY 'as of {END DATE}' IF ROUND 5.  OTHERWISE,|
    |  USE A NULL DISPLAY.                               |
     ---------------------------------------------------
```

```
     ---------------------------------------------------
    |  IF ROUND 1 OR ROUND 3, CONTINUE WITH HX34        |
     ---------------------------------------------------
```

```
     ---------------------------------------------------
    |  OTHERWISE, GO TO END_LP11                         |
     ---------------------------------------------------
```

HX34
====

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

Most Medicare beneficiaries pay their Part B premiums through their
Social Security checks. In addition, {do/does} {you/{PERSON}} (or
anyone in the family) pay anything else for {the coverage with
{{PLAN NAME ENTERED AT HX310V}/{NAME OF PLAN FROM HX33}}/this
Medicare Managed Care plan}?

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

```
YES .................................... 1 {HX34A}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}
```

[Code One]

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

```
------------------------------------------------------
| DISPLAY 'the coverage with {{PLAN NAME ENTERED AT |
| HX31OV}/{NAME OF PLAN FROM HX33}}' IF A MEDICARE  |
| PLAN NAME WAS SELECTED AT HX31OV OR ENTERED AT    |
| HX33.  DISPLAY 'this Medicare managed care plan'  |
| IF HX33 WAS CODED '-7' (REF) OR '-8' (DK).        |
|                                                    |
| DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX31OV.  DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  |
| AT HX31OV FOR THIS STATE.                         |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR  |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS       |
| ENTERED.                                          |
------------------------------------------------------
```

HX34A
=====

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

How {do/does} {you/{PERSON}} pay for {your/his/her} {{{PLAN NAME
ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}/Medicare managed care}
premium?

IF NECESSARY, SAY: Is the Medicare Advantage premium paid through
{your/his/her} Social Security check, paid directly to the provider,
or paid both ways?

```
    DEDUCTED FROM SOCIAL SECURITY .......... 1 {HX35}
    PAY DIRECTLY ........................... 2 {HX35}
    BOTH ................................... 3 {HX35}
    REF ................................... -7 {END_LP11}
    DK .................................... -8 {END_LP11}
```

```
 ----------------------------------------------------
|  DISPLAY '{{PLAN NAME ENTERED AT HX31OV}/{NAME OF  |
|  PLAN FROM HX33}} IF A MEDICARE PLAN NAME WAS      |
|  SELECTED AT HX31OV OR ENTERED AT HX33.  DISPLAY   |
|  'Medicare managed care' IF HX33 WAS CODED '-7'    |
|  (REF) OR '-8' (DK).                               |
|                                                    |
|  DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
|  LETTER WAS ENTERED AT HX31OV.  DISPLAY THE ACTUAL |
|  PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  |
|  AT HX31OV FOR THIS STATE.                         |
|  DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR  |
|  'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS       |
|  ENTERED.                                          |
 ----------------------------------------------------
```

HX35
====

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

How much {is {your/{PERSON}'s Social Security deduction/{do/does}
{you/{PERSON}} pay in premiums} for {your/his/her} {{PLAN NAME
ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}} plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW'.

     [Enter Amount in Dollars] ....   {HX35OV1}
     REF .... -7 {HX35AA}
     DK .... -8 {HX35AA}

     | DISPLAY 'is {your/{PERSON}'s} Social Security |
     | deduction' IF HX34A IS CODED '1' (DEDUCTED FROM |
     | SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |
     | {PERSON}} pay in premiums' IF HX34A IS CODED '2' |
     | (PAY DIRECTLY) OR '3' (BOTH). |

     | DISPLAY '{{PLAN NAME ENTERED AT HX31OV}/{NAME OF |
     | PLAN FROM HX33}}' IF A MEDICARE PLAN NAME WAS |
     | SELECTED AT HX31OV OR ENTERED AT HX33. OTHERWISE |
     | (I.E., IF HX33 WAS CODED '-7' (REF) OR '-8' (DK)),|
     | USE A NULL DISPLAY. |
     | |
     | DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
     | LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
     | PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
     | AT HX31OV FOR THIS STATE. |
     | DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
     | 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
     | ENTERED. |

HX35OV1
=======

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

UNIT OF COVERAGE:

```
PER YEAR ................................. 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS ............... 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {END_LP11}
PER MONTH ............................. 4 {END_LP11}
PER WEEK .............................. 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS ................ 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {END_LP11}
OTHER ................................ 91 {HX35OV2}
REF .................................. -7 {END_LP11}
DK ................................... -8 {END_LP11}
```

[Code One]

HX35OV2
=======

SPECIFY:

```
[Enter Other Specify] ..................  {END_LP11}
REF .................................. -7 {END_LP11}
DK ................................... -8 {END_LP11}
```

HX35AA
======

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

{PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}}

SHOW CARD HX-6.

Which category on the card best indicates the cost of this
plan per month?

```
    1 - 50 ................................. 1 {END_LP11}
    51 - 100 ............................... 2 {END_LP11}
    101 - 200 .............................. 3 {END_LP11}
    201 - 300 .............................. 4 {END_LP11}
    301 OR MORE ........................... 5 {END_LP11}
    REF .................................. -7 {END_LP11}
    DK ................................... -8 {END_LP11}
```

```
    ----------------------------------------------------
    | DISPLAY 'PLAN NAME: {{PLAN NAME ENTERED AT      |
    | HX31OV}/{NAME OF PLAN FROM HX33}}' IF A MEDICARE |
    | PLAN NAME WAS SELECTED AT HX31OV OR ENTERED AT   |
    | HX33.  OTHERWISE (I.E., IF HX33 WAS CODED '-7'   |
    | (REF) OR '-8' (DK)), USE A NULL DISPLAY.         |
    |                                                  |
    | DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
    | LETTER WAS ENTERED AT HX31OV.  DISPLAY THE ACTUAL |
    | PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  |
    | AT HX31OV FOR THIS STATE.                        |
    | DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR  |
    | 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS       |
    | ENTERED.                                         |
    ----------------------------------------------------
```

HX35A
=====

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

{{Are/Is}/{Were/Was}} {you/{PERSON}} enrolled in Medicare Part D,
also known as the Medicare Prescription Drug Plan {as of
{END DATE}}?

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

    HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

    | DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY |
    | '{Were/Was}' IF ROUND 5. |
    | DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE,|
    | USE A NULL DISPLAY. |

    | IF CODED '1' (YES) AND ROUND 1 OR ROUND 3, |
    | CONTINUE WITH HX35B |

    | OTHERWISE, GO TO END_LP11 |

HX35B
=====

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

Most Medicare beneficiaries pay their Part B premiums through their
Social Security checks. In addition, {do/does} {you/{PERSON}} (or
anyone in the family) pay anything else for {your/his/her} Medicare
Prescription Drug Plan (also known as Part D)?

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

```
        YES ................................... 1 {HX35C}
        NO .................................... 2 {END_LP11}
        REF .................................. -7 {END_LP11}
        DK ................................... -8 {END_LP11}
```

                        [Code One]

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

HX35C
=====

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

How {do/does} {your/{PERSON}} pay for {your/his/her} Part D premium?

IF NECESSARY, SAY: Is the Medicare drug coverage premium paid
through {your/his/her} Social Security check, paid directly to the
provider, or paid both ways?

```
        DEDUCTED FROM SOCIAL SECURITY .......... 1 {HX35D}
        PAY DIRECTLY ........................... 2 {HX35D}
        BOTH ................................... 3 {HX35D}
        REF .................................. -7 {END_LP11}
        DK ................................... -8 {END_LP11}
```

HX35D
=====

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

How much {is {your/{PERSON}'s} Social Security deduction/{do/does}
{you/{PERSON}} pay in premiums} for {your/his/her} Part D plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW'.

        [Enter Amount in Dollars] ....   {HX35DOV1}
        REF .... -7 {HX35E}
        DK .... -8 {HX35E}

        | DISPLAY 'is {your/{PERSON}'s} Social Security |
        | deduction' IF HX35C IS CODED '1' (DEDUCTED FROM |
        | SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |
        | {PERSON}} pay in premiums' IF HX35C IS CODED '2' |
        | (PAY DIRECTLY) OR '3' (BOTH). |

HX35DOV1
========

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

UNIT OF COVERAGE:

        PER YEAR .... 1 {END_LP11}
        QUARTERLY/EVERY 3 MONTHS .... 2 {END_LP11}
        BIMONTHLY/EVERY 2 MONTHS .... 3 {END_LP11}
        PER MONTH .... 4 {END_LP11}
        PER WEEK .... 5 {END_LP11}
        BIWEEKLY/EVERY 2 WEEKS .... 6 {END_LP11}
        SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {END_LP11}
        SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {END_LP11}
        OTHER .... 91 {HX35DOV2}
        REF .... -7 {END_LP11}
        DK .... -8 {END_LP11}

                    [Code One]

77

HX35DOV2
========

           SPECIFY:

                [Enter Other Specify] ....   {END_LP11}
                REF .... -7 {END_LP11}
                DK .... -8 {END_LP11}

HX35E
=====

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

           SHOW CARD HX-7.

           Which category on the card best indicates the cost of this
           plan per month?

                1 - 30 .... 1 {END_LP11}
                31 - 60 .... 2 {END_LP11}
                61 - 90 .... 3 {END_LP11}
                91 - 120 .... 4 {END_LP11}
                121 OR MORE .... 5 {END_LP11}
                REF .... -7 {END_LP11}
                DK .... -8 {END_LP11}

END_LP11
========

              | 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_11 AND CONTINUE WITH BOX_29 |

BOX_29
======

```
        -------------------------------------------------
        | IF ANY RU MEMBER HAS MEDICAID/SCHIP OR GOVT-   |
        | HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE    |
        | DURING THE CURRENT ROUND, CONTINUE WITH BOX_30 |
        -------------------------------------------------

        -------------------------------------------------
        | OTHERWISE, GO TO BOX_31C                       |
        -------------------------------------------------
```

BOX_30
======

```
        -------------------------------------------------
        | IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
        | OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS    |
        | ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY    |
        | MEDICAID/SCHIP DURING THE CURRENT ROUND           |
        | OR                                                |
        | IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
        | OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS    |
        | ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY    |
        | GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, |
        | GO TO BOX_31AA                                    |
        -------------------------------------------------

        -------------------------------------------------
        | OTHERWISE, GO TO BOX_31C                       |
        -------------------------------------------------

        -------------------------------------------------
        | NOTE:  SINCE AN RU CANNOT HAVE BOTH MEDICAID/SCHIP|
        | AND GOVT-HOSPITAL/PHYSICIAN, HX41-HX47OV WILL BE  |
        | ASKED ONLY ONCE; EITHER FOR A 'YES' TO HX10       |
        | (MEDICAID/SCHIP) OR A 'YES' TO HX14 (GOVT-        |
        | HOSPITAL/PHYSICIAN).                              |
        -------------------------------------------------
```

HX36
====

        OMITTED.

BOX_31
======
OMITTED.

HX37
====
OMITTED.

HX38
====
OMITTED.

HX38OV1
=======
OMITTED.

HX38OV2
=======
OMITTED.

HX39
====
OMITTED.

HX40
====
OMITTED.

BOX_31AA
========

```
     -----------------------------------------------------
     |  NOTE:  STATES THAT DO NOT OFFER MEDICAID MANAGED  |
     |  CARE PLANS INCLUDE THE FOLLOWING:                 |
     |    ALASKA              MISSISSIPPI                 |
     |    WYOMING                                         |
     -----------------------------------------------------


     -----------------------------------------------------
     |  IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED    |
     |  DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE |
     |  HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42|
     -----------------------------------------------------


     -----------------------------------------------------
     |  OTHERWISE, CONTINUE WITH HX41                     |
     -----------------------------------------------------
```

HX41
====

{STR-DT}
{END-DT}

SHOW CARD HX-8.

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

```
    YES ................................... 1 {HX41OV}
    NO .................................... 2 {HX42}
    REF .................................. -7 {HX42}
    DK ................................... -8 {HX42}
```

```
 ----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or  |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/       |
| SCHIP.  DISPLAY 'the program....benefits' IF       |
| ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.              |
 ----------------------------------------------------
```

```
 ----------------------------------------------------
| DISPLAY ', between {START DATE} and {END DATE},'  |
| IF ROUND 5.  OTHERWISE, USE A NULL DISPLAY.        |
 ----------------------------------------------------
```

```
 ----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY|
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE ATTACHMENT 37.                          |
 ----------------------------------------------------
```

```
 ----------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUSTITUTING THE REAL STATE NAME FOR PROGRAM).     |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE         |
| ATTACHMENT 37.                                     |
 ----------------------------------------------------
```

HX41OV
======

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

LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] ....

```
-------------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}'      |
| IF ASKING ABOUT MEDICAID/SCHIP.                     |
| DISPLAY 'that program' IF ASKING ABOUT GOVT-        |
| HOSPITAL/PHYSICIAN.                                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS   |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY  |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL    |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH   |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME  |
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY        |
| STATE, SEE ATTACHMENT 37.                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS   |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM).     |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE          |
| ATTACHMENT 37.                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| 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.                             |
-------------------------------------------------------
```

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

```
     --------------------------------------------------
     |  IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX _31B    |
     --------------------------------------------------


     --------------------------------------------------
     |  OTHERWISE, GO TO HX45                             |
     --------------------------------------------------
```

HX42
====

{STR-DT}
{END-DT}

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

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

```
     [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 {HX44}
     YES, SOME ARE .......................... 2 {HX44}
     NO, NONE ARE ........................... 3 {HX43}
     REF .................................... -7 {HX43}
     DK ..................................... -8 {HX43}
```

                         [Code One]

              HELP AVAILABLE FOR DEFINITION OF HMO.

     | DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or |
     | {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
     | SCHIP. DISPLAY 'the program....benefits' IF |
     | ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN. |

```
                              83
```

```
---------------------------------------------------
| DISPLAY '(are/is)' IF NOT ROUND 5.  DISPLAY     |
| '(were/was)' IF ROUND 5.                        |
---------------------------------------------------


---------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY|
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE ATTACHMENT 37.                         |
---------------------------------------------------


---------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM).   |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE        |
| ATTACHMENT 37.                                    |
---------------------------------------------------


---------------------------------------------------
| DISPLAY 'between {START DATE} and {END DATE}' IF  |
| ROUND 5.  OTHERWISE, USE A NULL DISPLAY.          |
---------------------------------------------------


---------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_ESTB_PERS_PAIRS_1                        |
|                                                   |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
---------------------------------------------------


---------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
| ROSTER FOR SELECTION OF RU MEMBERS.               |
---------------------------------------------------


---------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.      |
---------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER FILTER:                                    |
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-       |
| HOSPITAL/PHYSICIAN,                               |
| AND                                               |
| 2. PERSON IS AN RU MBMBER FLAGGED AS COVERED BY   |
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING  |
| THE CURRENT ROUND.                                |
-----------------------------------------------------
```

HX43
====

{STR-DT}
{END-DT}

{Does/Between {START DATE} and {END DATE}, did} {{Medicaid/{STATE
NAME FOR MEDICAID}} or {STATE CHIP NAME}/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.

    [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 {HX44}
    YES, SOME REQUIRED .... 2 {HX44}
    NO, NONE REQUIRED 3
    REF .... -7
    DK .... -8

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

```
-----------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5.  DISPLAY 'Between  |
| {START DATE} and {END DATE}, did' IF ROUND 5.     |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or  |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/SCHIP.|
| DISPLAY 'the program....benefits' IF ASKING ABOUT |
| GOVT-HOSPITAL/PHYSICIAN.                           |
-----------------------------------------------------
```

```
---------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY|
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE ATTACHMENT 37.                         |
---------------------------------------------------
```

```
---------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM).   |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE        |
| ATTACHMENT 37.                                    |
---------------------------------------------------
```

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

```
---------------------------------------------------
| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID/|
| SCHIP, GO TO BOX_31B                              |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT-       |
| HOSPITAL/PHYSICIAN, GO TO HX45                    |
---------------------------------------------------
```

```
---------------------------------------------------
| OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED)|
| OR '2' (YES, SOME REQUIRED)), CONTINUE WITH HX44  |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_ESTB_PERS_PAIRS_1                        |
|                                                   |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
---------------------------------------------------
```

```
 ----------------------------------------------------
|  ROSTER DEFINITION:                                |
|  THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
|  ROSTER FOR SELECTION OF RU-MEMBERS.               |
 ----------------------------------------------------


 ----------------------------------------------------
|  ROSTER BEHAVIOR:                                  |
|  1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.      |
 ----------------------------------------------------


 ----------------------------------------------------
|  ROSTER FILTER:                                    |
|  1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-       |
|  HOSPITAL/PHYSICIAN,                               |
|  AND                                               |
|  2. PERSON IS AN RU MBMBER FLAGGED AS COVERED BY   |
|  MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING  |
|  THE CURRENT ROUND.                                |
 ----------------------------------------------------
```

HX44
====

{STR-DT}
{END-DT}

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}} {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 '{Medicaid/{STATE NAME FOR MEDICAID}} or  |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/       |
| SCHIP.  IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN,   |
| USE A NULL DISPLAY.                                 |
|                                                     |
| DISPLAY 'from the....benefits' IF ASKING ABOUT     |
| GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID/ |
| SCHIP, USE A NULL DISPLAY.                          |
|                                                     |
| DISPLAY 'HMO' IF HX42 IS CODED '1' (YES, ALL ARE)  |
| OR '2' (YES, SOME ARE).                             |
|                                                     |
| DISPLAY 'health insurance' IF HX43 IS CODED '1'    |
| (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).   |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY|
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY      |
| STATE, SEE ATTACHMENT 37.                          |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM).   |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE         |
| ATTACHMENT 37.                                     |
-----------------------------------------------------


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


-----------------------------------------------------
| IF ASKING ABOUT MEDICAID/SCHIP, CONTINUE WITH     |
| BOX_31B                                            |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO HX45                             |
-----------------------------------------------------
```

BOX_31B
=======

```
-----------------------------------------------------
|   IF ROUND 1 OR ROUND 3 (AND ASKING ABOUT MEDICAID/ |
|   SCHIP), CONTINUE WITH HX45                       |
-----------------------------------------------------

-----------------------------------------------------
|   OTHERWISE (I.E., IF ROUNDS 2, 4, OR 5 AND ASKING  |
|   ABOUT MEDICAID/SCHIP), GO TO BOX_31C              |
-----------------------------------------------------
```

HX45
====

{STR-DT}
{END-DT}

Does anyone in the family pay anything for the coverage through
{{{PLAN NAME ENTERED AT HX41OV}/{NAME OF PLAN FROM HX44}}/
{{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the
program sponsored by a state or local government agency which
provides hospital and physician benefits}?

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

```
YES .................................... 1 {HX46}
NO ..................................... 2 {HX47}
REF .................................... -7 {BOX_31C}
DK ..................................... -8 {BOX_31C}
```

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

```
-----------------------------------------------------
| DISPLAY '{{PLAN NAME ENTERED AT HX41OV}/{NAME OF   |
| PLAN FROM HX44}}' IF THERE IS A CURRENT ROUND      |
| INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR      |
| GOVT-HOSPITAL/PHYSICIAN INSURANCE.  OTHERWISE,     |
| DISPLAY, {{Medicaid/... and physician benefits}'.  |
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}      |
| or {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/    |
| SCHIP. DISPLAY 'the program ... benefits' IF       |
| ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.              |
|                                                    |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN  |
| LETTER WAS ENTERED AT HX41OV.  DISPLAY THE ACTUAL  |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED   |
| AT HX41OV FOR THIS STATE.                          |
|                                                    |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR   |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS        |
| ENTERED.                                           |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHCH INTERVIEW IS   |
| BEING CONDUCTED USES THE NAME 'MEDICAID'.  DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL   |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH  |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.'  FOR THE SPECIFIC NAME TO USE BY       |
| STATE, SEE ATTACHMENT 37.                          |
-----------------------------------------------------


-----------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS  |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM).    |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE         |
| ATTACHMENT 37.                                     |
-----------------------------------------------------
```

HX46
====

{STR-DT}
{END-DT}

How much does anyone in the family pay for {the {{PLAN NAME
ENTERED AT HX41OV}/{NAME OF PLAN FROM HX44}}/that} coverage?

    [Enter Amount in Dollars] ....   {HX46OV1}
    REF .... -7 {HX47}
    DK .... -8 {HX47}

```
-----------------------------------------------
| DISPLAY 'the {{PLAN NAME ENTERED AT HX41OV}/{NAME |
| OF PLAN FROM HX44}}' IF THERE IS A CURRENT ROUND  |
| INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR     |
| GOVT-HOSPITAL/PHYSICIAN INSURANCE.  OTHERWISE,    |
| DISPLAY, 'that'.                                  |
|                                                   |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX41OV.  DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  |
| AT HX41OV FOR THIS STATE.                         |
|                                                   |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR  |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS       |
| ENTERED.                                          |
-----------------------------------------------
```

HX46OV1
=======

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

              UNIT OF COVERAGE:

                  PER YEAR .... 1 {HX47}
                  QUARTERLY/EVERY 3 MONTHS .... 2 {HX47}
                  BIMONTHLY/EVERY 2 MONTHS .... 3 {HX47}
                  PER MONTH .... 4 {HX47}
                  PER WEEK .... 5 {HX47}
                  BIWEEKLY/EVERY 2 WEEKS .... 6 {HX47}
                  SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {HX47}
                  SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {HX47}
                  OTHER .... 91 {HX46OV2}
                  REF .... -7 {HX47}
                  DK .... -8 {HX47}

                           [Code One]

HX46OV2
=======

          SPECIFY:

              [Enter Other Specify] .... {HX47}
              REF .... -7 {HX47}
              DK .... -8 {HX47}

BOX_31A
=======
          OMITTED.

HX47
====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{NAME OF PLAN FROM
HX44}}}

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 {HX47OV}
        REF .................................. -7 {BOX_31C}
        DK ................................... -8 {BOX_31C}
```

                 [Code All That Apply]


```
        -----------------------------------------------------
        |  DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT    |
        |  ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP  |
        |  OR GOVT-HOSPITAL/PHYSICIAN INSURANCE.  OTHERWISE, |
        |  USE A NULL DISPLAY.                               |
        |                                                   |
        |  DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
        |  LETTER WAS ENTERED AT HX41OV.  DISPLAY THE ACTUAL |
        |  PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  |
        |  AT HX41OV FOR THIS STATE.                         |
        |                                                   |
        |  DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR  |
        |  'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS       |
        |  ENTERED.                                          |
        |                                                   |
        |  DISPLAY 'else' IF HX45 IS CODED '1' (YES).        |
        |  OTHERWISE, USE A NULL DISPLAY.                    |
        |                                                   |
        |  DISPLAY 'some of' IF HX45 IS CODED '1' (YES).     |
        |  DISPLAY 'for' IF HX45 IS CODED '2' (NO).          |
        -----------------------------------------------------


        -----------------------------------------------------
        |  FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT  |
        |  ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN      |
        |  COMBINATION WITH ANY OTHER CODE.                 |
        -----------------------------------------------------
```

```
  -------------------------------------------------------
 |   IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
 |   WITH ANY OTHER CODE, CONTINUE WITH HX47OV          |
  -------------------------------------------------------


  -------------------------------------------------------
 |   OTHERWISE, GO TO BOX_31C                           |
  -------------------------------------------------------
```

HX47OV
======

        SPECIFY:

          [Enter Other Specify] .... {BOX_31C}
          REF .... -7 {BOX_31C}
          DK .... -8 {BOX_31C}

BOX_31C
=======

```
  -------------------------------------------------------
 |   IF ROUND 1 OR ROUND 3, CONTINUE WITH BOX_31D      |
  -------------------------------------------------------


  -------------------------------------------------------
 |   OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO    |
 |   BOX_32                                             |
  -------------------------------------------------------
```


BOX_31D
=======

```
  -------------------------------------------------------
 |   IF ANY RU MEMBER HAS TRICARE/CHAMPVA AS A SOURCE  |
 |   OF INSURANCE DURING THE CURRENT ROUND, CONTINUE   |
 |   WITH BOX_31E                                       |
  -------------------------------------------------------


  -------------------------------------------------------
 |   OTHERWISE, GO TO BOX_32                            |
  -------------------------------------------------------
```

94

BOX_31E
=======

```
        -----------------------------------------------------
        |  IF NO ONE IN THE RU WAS COVERED BY TRICARE/CHAMPVA|
        |  DURING THE PREVIOUS ROUND AND AT LEAST ONE RU     |
        |  MEMBER IS COVERED BY TRICARE/CHAMPVA DURING THE   |
        |  CURRENT ROUND CONTINUE WITH HX47A                 |
        -----------------------------------------------------

        -----------------------------------------------------
        |  OTHERWISE, GO TO BOX_32                           |
        -----------------------------------------------------
```

HX47A
=====

```
        {STR-DT}
        {END-DT}
```

[Now, let's talk about the coverage someone in the family has through TRICARE or CHAMPVA.]

Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?

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

```
        YES ..................................... 1 {HX47B}
        NO ...................................... 2 {BOX_32}
        REF ..................................... -7 {BOX_32}
        DK ...................................... -8 {BOX_32}
```

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

HX47B
=====

```
        {STR-DT}
        {END-DT}
```

How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?

```
        [Enter Amount in Dollars] ..............   {HX47BOV1}
        REF ..................................... -7 {BOX_32}
        DK ...................................... -8 {BOX_32}
```

HX47BOV1
========

>   Is that per year, per month, per week, or what?

                UNIT OF COVERAGE:

                    PER YEAR .... 1 {BOX_32}
                    QUARTERLY/EVERY 3 MONTHS .... 2 {BOX_32}
                    BIMONTHLY/EVERY 2 MONTHS .... 3 {BOX_32}
                    PER MONTH .... 4 {BOX_32}
                    PER WEEK .... 5 {BOX_32}
                    BIWEEKLY/EVERY 2 WEEKS .... 6 {BOX_32}
                    SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_32}
                    SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_32}
                    OTHER .... 91 {HX47BOV2}
                    REF .... -7 {BOX_32}
                    DK .... -8 {BOX_32}

                              [Code One]

HX47BOV2
========

                SPECIFY:

                    [Enter Other Specify] .... {BOX_32}
                    REF .... -7 {BOX_32}
                    DK .... -8 {BOX_32}

BOX_32
======

                | IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
                | INSURANCE (THAT WAS CREATED DURING THE CURRENT |
                | ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH |
                | LOOP_12 |

                | OTHERWISE, GO TO BOX_44C |

LOOP_12
=======

```
 -----------------------------------------------------
|  FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-   |
|  PAIRS-ROSTER, ASK HX48-END_LP12                    |
 -----------------------------------------------------


 -----------------------------------------------------
|  LOOP DEFINITION:  LOOP_12 COLLECTS PRIVATE HEALTH  |
|  INSURANCE INFORMATION.  THIS LOOP CYCLES ON        |
|  ESTABLISHMENT-PERSON-PAIRS THAT MEET THE           |
|  FOLLOWING CONDITIONS:                              |
|  - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH      |
|     INSURANCE TO A CURRENT RU MEMBER                |
|  AND                                                |
|  - THE INSURANCE COVERAGE PROVIDED BY THE           |
|     ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND|
 -----------------------------------------------------
```

HX48
====

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

SHOW CARD HX-9.

Now think again about {your/{POLICYHOLDER}'s} health insurance
through {ESTABLISHMENT}. Looking at this card, what health
insurance coverage {{do/does}/did} {you/he/she} have {as of {END
DATE}}?

PROBE: Any other health coverage through this plan?

CHECK ALL THAT APPLY.

```
HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO ...... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS ..................... 3
VISION ................................. 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ....... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ....... 8
DISABILITY ............................. 9
WORKER'S COMPENSATION ................. 10
ACCIDENT .............................. 11
OTHER ................................. 91 {HX48OV}
REF ................................... -7 {BOX_33}
DK .................................... -8 {BOX_33}
```

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY,' 'WORKER'S COMPENSATION,' AND 'ACCIDENT'
WILL NOT APPEAR ON THE SHOW CARD.]

```
-----------------------------------------------------
|  DISPLAY '{do/does}' IF INSURANCE BEING ASKED      |
|  ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES,   |
|  COVERED NOW) FOR THE POLICYHOLDER, AND THE CURRENT|
|  ROUND IS NOT ROUND 5.  OTHERWISE, DISPLAY 'did'.  |
|                                                    |
|  DISPLAY 'as of {END DATE}' IF ROUND 5.  OTHERWISE,|
|  USE A NULL DISPLAY.                               |
-----------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  CODES 9, 10 AND 11 WILL NOT APPEAR ON THE   |
| SHOW CARD.                                          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT    |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN       |
| COMBINATION WITH ANY OTHER CODE.                   |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
| WITH ANY OTHER CODE, CONTINUE WITH HX48OV          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE, GO TO BOX_33                            |
-------------------------------------------------------
```

HX48OV
======

SPECIFY:

    [Enter Other Specify] ....   {BOX_33}
    REF .... -7 {BOX_33}
    DK .... -8 {BOX_33}

BOX_33
======

```
-------------------------------------------------------
| IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO |
| AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR      |
| MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE |
| WITH HX49                                          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND |
| HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)|
| ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY     |
| CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND  |
| THEN GO TO LOOP_13                                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE  |
| SUPPLEMENT OR MEDIGAP)), GO TO BOX_35             |
-------------------------------------------------------
```

HX49
====

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

What is the name of the insurance company or HMO from which
{you/{POLICYHOLDER}} {receive/receives} the **Medicare Supplement or
Medigap** benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which {you/he/she} {receive/receives} the **Medicare
Supplement or Medigap** benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer] ....
                REF .... -7
                DK .... -8

TYPE: 1 = INSURANCE COMPANY ....
      2 = HMO ....
      3 = SELF-INSURED COMPANY ....
      REF .... -7
      DK .... -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
-------------------------------------------------------
| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE       |
| SUPPLEMENT/MEDIGAP BENEFITS'.  ALSO FLAG AS         |
| CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-  |
| PERSON-PAIR.                                        |
-------------------------------------------------------

-------------------------------------------------------
| BOTH INSURER NAME AND INSURER TYPE MUST BE          |
| ENTERED.                                            |
-------------------------------------------------------
```

```
-----------------------------------------------------
|  IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_13 |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK), |
|  GO TO BOX_35                                      |
-----------------------------------------------------
```

BOX_34
======

OMITTED.

LOOP_13
=======

```
-------------------------------------------------------
|  FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-        |
|  INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13           |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  LOOP DEFINITION:  LOOP_13 COLLECTS OTHER POLICY     |
|  NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs    |
|  PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS      |
|  (THAT IS, INSURERS ENUMERATED AT HX49).             |
|  THIS LOOP CYCLES ON TRIPLES THAT MEET THE           |
|  FOLLOWING CONDITIONS:                               |
|  - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE    |
|    WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP        |
|    BENEFITS                                          |
|  AND                                                 |
|  - PERSON IS THE POLICYHOLDER FOR THE INSURANCE      |
|    PROVIDED THROUGH THIS ESTABLISHMENT               |
|  AND                                                 |
|  - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED    |
|    TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE    |
|    INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)  |
-------------------------------------------------------
```

HX50
====

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

        YES, ANOTHER NAME .... 1 {HX50OV}
        NO OTHER NAME .... 2 {END_LP13}
        REF .... -7 {END_LP13}
        DK .... -8 {END_LP13}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

                    [Code One]

        | DISPLAY THE NAME OF THE INSURANCE CO/HMO |
        | RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR |
        | 'INSURANCE...NAME.' |

HX50OV
======

SPECIFY:

        [Enter Insurance Company or HMO] ....   {END_LP13}
        REF .... -7 {END_LP13}
        DK .... -8 {END_LP13}

END_LP13
========

        | CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT- |
        | PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE |
        | CONDITIONS STATED IN THE LOOP DEFINITION |

        | IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
        | END LOOP_13 AND CONTINUE WITH BOX_35 |

BOX_35
======

```
---------------------------------------------------
|  IF ESTABLISHMENT TYPE IS INSURANCE COMPANY,    |
|  INSURANCE COMPANY - FROM AGENT, OR HMO,        |
|  AND HX48 IS CODED '1' (HOSPITAL AND            |
|  PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
|  HMO) (BUT NOT '5' (MEDIGAP)), FLAG INSURANCE   |
|  COMPANY/HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN |
|  BENEFITS' AND AUTOMATICALLY CODE HX51 WITH     |
|  APPROPRIATE RESPONSES BY CAPI AND GO TO LOOP_14 |
---------------------------------------------------


---------------------------------------------------
|  IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY, |
|  INSURANCE COMPANY - FROM AGENT, OR HMO,        |
|  AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN  |
|  BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND |
|  NOT ALSO CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
|  CONTINUE WITH HX51                             |
---------------------------------------------------


---------------------------------------------------
|  IF ROUND 1 AND HX48 IS CODED '1' (HOSPITAL AND |
|  PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
|  HMO) AND '5' (MEDICARE SUPPLEMENT/MEDIGAP) (IN |
|  COMBINATION WITH ANY OTHER CODES), GO TO BOX_38 |
---------------------------------------------------


---------------------------------------------------
|  IF HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN |
|  BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT |
|  IS CODED '2' (DENTAL), '3' (PRESCRIPTION DRUGS), |
|  '4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
|  '6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA|
|  CASH FOR HOSPITAL STAYS), '8' (SERIOUS DISEASE OR |
|  DREAD DISEASE), OR '91' (OTHER), GO TO BOX_38   |
---------------------------------------------------


---------------------------------------------------
|  IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9'|
|  (DISABILITY), '10' (WORKER'S COMPENSATION) OR '11'|
|  (ACCIDENT), GO TO END_LP12                      |
---------------------------------------------------


---------------------------------------------------
|  IF ROUND 1 AND HX48 IS CODED '-7' (REFUSED) OR |
|  '-8' (DON'T KNOW), GO TO BOX_39                |
---------------------------------------------------
```

103

```
--------------------------------------------------------
| IF ROUND 2, 3, 4, OR 5 AND HX48 IS CODED '-7'        |
| (REFUSED) OR '-8' (DON'T KNOW), GO TO BOX_38         |
--------------------------------------------------------
```

HX51
====

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

What is the name of the insurance company or HMO from which
{you/{POLICYHOLDER}} {receive/receives} **hospital and physician
benefits**?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which {you/he/she} {receive/receives} **hospital and
physician benefits**?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer] ....
                REF .... -7
                DK .... -8

TYPE: 1 = INSURANCE COMPANY ....
      2 = HMO ....
      3 = SELF-INSURED COMPANY ....
      REF .... -7
      DK .... -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
        --------------------------------------------------
        | FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND |
        | PHYSICIAN BENEFITS'.  ALSO FLAG AS CURRENT ROUND'S|
        | INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.    |
        --------------------------------------------------
```

```
        --------------------------------------------------
        | BOTH INSURER NAME AND INSURER TYPE MYST BE       |
        | ENTERED.                                         |
        --------------------------------------------------
```

```
        --------------------------------------------------
        | IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_14 |
        --------------------------------------------------
```

```
            --------------------------------------------------
            |  IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK), |
            |  GO TO BOX_38                                    |
            --------------------------------------------------
```

BOX_36
======

OMITTED.

LOOP_14
=======

```
            --------------------------------------------------
            |  FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-   |
            |  INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14      |
            --------------------------------------------------


            --------------------------------------------------
            |  LOOP DEFINITION:  LOOP_14 COLLECTS OTHER POLICY |
            |  NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS |
            |  PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT   |
            |  MEDICARE SUPPLEMENT OR MEDIGAP.  THIS LOOP CYCLES |
            |  ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:  |
            |  - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
            |    WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT |
            |    NOT MEDICARE SUPPLEMENT OR MEDIGAP            |
            |  AND                                             |
            |  - PERSON IS THE POLICYHOLDER FOR THE INSURANCE  |
            |    PROVIDED THROUGH THIS ESTABLISHMENT           |
            |  AND                                             |
            |  - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
            |    TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
            |    INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |
            --------------------------------------------------
```

HX52
====

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

        YES, ANOTHER NAME .... 1 {HX52OV}
        NO OTHER NAME .... 2 {END_LP14}
        REF .... -7 {END_LP14}
        DK .... -8 {END_LP14}

    HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

                    [Code One]

        | DISPLAY THE NAME OF THE INSURANCE CO/HMO |
        | RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR |
        | 'INSURANCE...NAME.' |

HX52OV
======

SPECIFY:

        [Enter Insurance Company or HMO] .... {END_LP14}
        REF .... -7 {END_LP14}
        DK .... -8 {END_LP14}

END_LP14
========

        | CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
        | INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
        | STATED IN THE LOOP DEFINITION |

        | IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
        | END LOOP_14 AND CONTINUE WITH BOX_38 |

BOX_37
======
        OMITTED.

HX53
====
        OMITTED.

HX54
====
        OMITTED.

LOOP_15
=======
        OMITTED.

HX55
====
        OMITTED.

HX55OV
======
        OMITTED.

END_LP15
========
        OMITTED.

BOX_38
======

        | IF ROUND 1, CONTINUE WITH BOX_39 |

        | OTHERWISE, GO TO BOX_40 |

HX56
====
        OMITTED.

LOOP_16
=======
        OMITTED.

HX57
====

          OMITTED.

HX57OV
======

          OMITTED.

HX58
====

          OMITTED.

END_LP16
========

          OMITTED.

BOX_39
======

               | IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
               | IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
               | (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR |
               | HP13 IS CODED '1' (YES)), |
               | CONTINUE WITH HX59 |

               | OTHERWISE, GO TO BOX_40 |

HX59
====

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

          SHOW CARD HX-10.

          Is the name of {your/{POLICYHOLDER}'s} insurance plan through
          {ESTABLISHMENT} listed on this card?

               YES .... 1 {HX59OV}
               NO .... 2 {BOX_40}
               REF .... -7 {BOX_40}
               DK .... -8 {BOX_40}

HX59OV
======

Which insurance plan is {your/his/her} {ESTABLISHMENT}
insurance?

CODE LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] ....   {BOX_40}


```
-------------------------------------------------------
|  WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY   |
|  THE FOLLOWING MESSAGE:  "PLEASE VERIFY PLAN       |
|  ENTERED."  WHEN INTERVIEWER PRESSES CLEARS THE    |
|  MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.      |
-------------------------------------------------------
```


BOX_40
======

```
-------------------------------------------------------
|   IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE|
|   INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN      |
|   BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/    |
|   MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT      |
|   LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |
|   HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND,         |
|   CONTINUE WITH LOOP_17                             |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   OTHERWISE, GO TO BOX_42                           |
-------------------------------------------------------
```

LOOP_17
=======

```
-----------------------------------------------------
|  FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-      |
|  INSURER-TRIPLES-ROSTER, ASK BOX_4OA - END_LP17    |
-----------------------------------------------------

-----------------------------------------------------
|  LOOP DEFINITION:  LOOP_17 COLLECTS INFORMATION ON |
|  PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |
|  MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH      |
|  POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT-|
|  HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN|
|  HMO/MANAGED CARE PLAN.  THIS LOOP CYCLES ON       |
|  TRIPLES THAT MEET THE FOLLOWING CONDITIONS:       |
|  - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN |
|    BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE|
|  AND                                               |
|  - PERSON IS NOT LISTED AS A COVERED PERSON WITH   |
|    MEDICAID OR GOVT-HOSPITAL/PHYSICIAN             |
|  AND                                               |
|  - INSURER IS THE SOURCE OF THE HOSPITAL AND       |
|    PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH   |
|    THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY  |
|    OR SELF-INSURED COMPANY)                        |
-----------------------------------------------------
```

BOX_40A
=======

```
-----------------------------------------------------
|  IF INSURER IS AN HMO (EPIN.INSTYPE = 2), CONTINUE |
|  WITH HX60A                                        |
-----------------------------------------------------

-----------------------------------------------------
|  OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO    |
|  TO BOX_41                                         |
-----------------------------------------------------
```

HX60A
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will {your/{POLICYHOLDER}'s} plan pay for any of the costs of
visits to doctors who are **not** part of {your/his/her} HMO, even if
{you/he/she} {do/does} **not** have a referral?

        YES .... 1 {END_LP17}
        NO .... 2 {END_LP17}
        REF .... -7 {END_LP17}
        DK .... -8 {END_LP17}

BOX_41
======

        | PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER|

        | AT COMPLETION OF THE MC SECTION, CONTINUE WITH |
        | END_LP17 |

END_LP17
========

        | CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
        | INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
        | STATED IN THE LOOP DEFINITION. |

        | IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
        | END LOOP_17 AND CONTINUE WITH BOX_42 |

BOX_42
======

```
              --------------------------------------------------
              |  IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED '5'  |
              |  (MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60 |
              --------------------------------------------------


              --------------------------------------------------
              |  OTHERWISE, GO TO BOX_43                         |
              --------------------------------------------------
```


HX60
====

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

              CODE WITHOUT ASKING IF ANSWER IS KNOWN.

              Many Medicare Supplemental or Medigap Plans are referred to by
              a Plan Letter.  Do you know the Plan Letter for {your/{PERSON}'s}
              plan?

              PROBE:  What is it?

                  [Enter Plan Letter] ...................   {BOX_43}
                  REF ................................... -7 {BOX_43}
                  DK ................................... -8 {BOX_43}

                   HELP AVAILABLE FOR DEFINITION OF PLAN LETTER.


              --------------------------------------------------
              |  HARD CHECK: MEDICARE SUPPLEMENTAL OR MEDIGAP    |
              |  PLANS: MEDICARE SUPPLEMENTAL OR MEDIGAP PLAN     |
              |  LETTER MUST BE 1 CHARACTER LONG, A-L, UPPER OR   |
              |  LOWER CASE. IF CODED OTHER THAN A-L DISPLAY THE  |
              |  FOLLOWING MESSAGE: "Medicare Supplemental or     |
              |  Medigap Plan letter must be A through L.  Verify |
              |  and re-enter plan letter."                      |
              --------------------------------------------------
```

BOX_43
======

```
    ----------------------------------------------------
    |  IF ROUND 1 OR ROUND 3, CONTINUE WITH HX61        |
    ----------------------------------------------------

    ----------------------------------------------------
    |  OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO   |
    |  END_LP12                                         |
    ----------------------------------------------------
```

BOX_44
======

OMITTED.

HX61
====

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

For the coverage through {ESTABLISHMENT}, does anyone in the
family pay all of the premium or cost, some of the premium or
cost, or none of the premium or cost?

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

[**Do** include any contribution made to the plan as part of a
paycheck.]

```
        YES, PAY ALL OF PREMIUM/COST ........... 1 {HX62}
        YES, PAY SOME OF PREMIUM/COST .......... 2 {HX62}
        YES, BUT DON'T KNOW IF PAY ALL OR SOME
        OF PREMIUM/COST ........................ 3 {HX62}
        NO, DO NOT PAY ......................... 4 {HX63}
        REF ................................... -7 {BOX_44B}
        DK .................................... -8 {BOX_44B}
```

[Code One]

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

```
-----------------------------------------------------
| NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE     |
| DISPLAYED HERE FOR THE INSURANCE FROM A           |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM      |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR       |
| DIRECTLY PURCHASED CATEGORY.                      |
-----------------------------------------------------
```

HX62
====

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

How much {{do/does}/did} {you/{POLICYHOLDER}} pay for the
{ESTABLISHMENT} coverage?

    [Enter Amount in Dollars] ....   {HX62OV1}
    REF .... -7 {BOX_44A}
    DK .... -8 {BOX_44A}


```
-----------------------------------------------------
| DISPLAY '{do/does}' IF INSURANCE BEING ASKED      |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES,   |
| COVERED NOW)) FOR THE POLICYHOLDER. OTHERWISE,    |
| DISPLAY 'did'.                                    |
-----------------------------------------------------
```

```
-----------------------------------------------------
| NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE     |
| DISPLAYED HERE FOR THE INSURANCE FROM A           |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM      |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR       |
| DIRECTLY PURCHASED CATEGORY.                      |
-----------------------------------------------------
```

HX62OV1
=======

{Is/Was} that per year, per month, per week, or what?

UNIT OF COVERAGE:

    PER YEAR .... 1 {BOX_44A}
    QUARTERLY/EVERY 3 MONTHS .... 2 {BOX_44A}
    BIMONTHLY/EVERY 2 MONTHS .... 3 {BOX_44A}
    PER MONTH .... 4 {BOX_44A}
    PER WEEK .... 5 {BOX_44A}
    BIWEEKLY/EVERY 2 WEEKS .... 6 {BOX_44A}
    SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_44A}
    SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_44A}
    OTHER .... 91 {HX62OV2}
    REF .... -7 {BOX_44A}
    DK .... -8 {BOX_44A}

[Code One]

```
-------------------------------------------------------
|  DISPLAY 'Is' IF INSURANCE BEING ASKED ABOUT IS     |
|  CURRENT (I.E., HQ02 IS CODED '1' (YES, COVERED      |
|  NOW)) FOR THE POLICYHOLDER. OTHERWISE, DISPLAY      |
|  'Was'.                                             |
-------------------------------------------------------
```

HX62OV2
=======

SPECIFY:

    [Enter Other Specify] .... {BOX_44A}
    REF .... -7 {BOX_44A}
    DK .... -8 {BOX_44A}

BOX_44A
=======

```
-------------------------------------------------------
|  IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/     |
|  COST), GO TO BOX_44B                               |
-------------------------------------------------------

-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH HX63                      |
-------------------------------------------------------
```

HX63
====

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

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

                    CHECK ALL THAT APPLY.

        FEDERAL GOVERNMENT 1
        STATE GOVERNMENT 2
        LOCAL GOVERNMENT 3
        SOME GOVERNMENT 4
        EMPLOYER 5
        UNION 6
        OTHER .... 91 {HX63OV}
        REF .... -7 {BOX_44B}
        DK .... -8 {BOX_44B}

                  [Code All That Apply]

        | DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME|
        | OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF |
        | PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE |
        | A NULL DISPLAY |
        | |
        | DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY |
        | SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
        | IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'|
        | IF HX61 IS CODED '4' (NO, DO NOT PAY). |

        | FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
        | ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
        | COMBINATION WITH ANY OTHER CODE. |

        | IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
        | WITH ANY OTHER CODE, CONTINUE WITH HX63OV |

        | OTHERWISE, GO TO BOX_44B |

                            116

HX63OV
======

SPECIFY:

         [Enter Other Specify] .... {BOX_44B}
         REF .... -7 {BOX_44B}
         DK .... -8 {BOX_44B}

BOX_44B
=======

         | IF INSURANCE BEING ASKED ABOUT PROVIDES MEDICARE |
         | SUPPLEMENT/MEDIGAP COVERAGE (I.E., HX48 IS CODED |
         | '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE |
         | OR WITH ANY COMBINATION OF CODES), GO TO END_LP12 |

         | OTHERWISE, CONTINUE WITH HX63A |

HX63A
=====

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

         Is the {family} annual deductible for medical care for this plan
         less than {$1,250 **or** $1,250/$2,500 **or** $2,500} or more? If there
         is a separate deductible for prescription drugs, hospitalization,
         or out-of-network care, do not include those deductible amounts
         here.

              LESS THAN {$1,250/$2,500} .... 1 {END_LP12}
              {$1,250/$2,500} OR MORE .... 2 {HX63B}
              NO ANNUAL DEDUCTIBLE .... 3 {END_LP12}
              REF .... -7 {END_LP12}
              DK .... -8 {END_LP12}

                          [Code One]

         HELP AVAILABLE FOR DEFINITION OF ANNUAL DEDUCTIBLE.

117

```
-----------------------------------------------------
| DISPLAY '$1,250 or $1,250' IN THE QUESTION TEXT   |
| AND '$1,250' IN THE RESPONSE CATEGORY OPTIONS IF  |
| THE POLICYHOLDER IS THE ONLY COVERED RU MEMBER AND|
| THERE ARE NO DEPENDENTS OUTSIDE THE RU (HP17 IS   |
| CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T    |
| KNOW)) FOR THE PAIR BEING ASKED ABOUT.  OTHERWISE |
| (E.G., AT LEAST ONE RU MEMBER, OTHER THAN THE     |
| POLICYHOLDER IS LISTED AS A COVERED PERSON FOR    |
| THIS PAIR OR HP17 IS CODED '1' (YES) FOR THIS     |
| PAIR OR THE POLICYHOLDER IS NOT IN THE RU),       |
| DISPLAY 'family' and '$2,500 or $2,500' IN THE    |
| QUESTION TEXT AND '$2,500' IN THE RESPONSE        |
| CATEGORY OPTIONS.                                 |
|                                                   |
| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE  |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-    |
| CVRD-PERS-TRPLS-ROSTER <= 2 AND HP17 IS CODED '2' |
| (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW), THEN   |
| DISPLAY '1,250 or 1,250' IN THE QUESTION TEXT AND |
| '1,250' IN THE RESPONSE CATEGORY OPTIONS.         |
|                                                   |
| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE  |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-    |
| CVRD-PERS-TRPLS-ROSTER <= 2 AND HP17 IS CODED '1' |
| (YES), THEN DISPLAY 'family' AND '2,500 or 2,500' |
| IN THE QUESTION TEXT AND '2,500' IN THE RESPONSE  |
| CATEGORY OPTIONS.                                 |
|                                                   |
| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE  |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-    |
| CVRD-PERS-TRPLS-ROSTER > 2, THEN DISPLAY 'family' |
| AND '2,500 or 2,500' IN THE QUESTION TEXT AND     |
| '2,500' IN THE RESPONSE CATEGORY OPTIONS.         |
-----------------------------------------------------
```

HX63B
=====

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

With this plan, is there a special account or fund that can be
used to pay for medical expenses? The accounts are sometimes
referred to as Health Savings Accounts (HSAs), Health
Reimbursement Accounts (HRAs), Personal Care accounts, Personal
Medical funds, or Choice funds, and are different from Flexible
Spending Accounts.

```
        YES ..................................... 1 {END_LP12}
        NO ...................................... 2 {END_LP12}
        REF ..................................... -7 {END_LP12}
        DK ...................................... -8 {END_LP12}
```

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEALTH SAVINGS ACCOUNTS (HSAs).

END_LP12
========

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

     --------------------------------------------------------
    |   IF NO MORE PAIRS MEET THE STATED CONDITIONS,         |
    |   END LOOP_12 AND CONTINUE WITH BOX_44C               |
     --------------------------------------------------------
```

BOX_44C
=======

```
     ---------------------------------------------------
    |   IF ROUND 1 OR ROUND 3, CONTINUE WITH HX63C      |
     ---------------------------------------------------

     ---------------------------------------------------
    |   OTHERWISE, GO TO BOX_45                         |
     ---------------------------------------------------
```

HX63C
=====

{STR-DT}
{END-DT}

Does anyone in the family have a Flexible Spending Account
for health expenses?

IF NECESSARY, SAY: These accounts are offered by some employers
to allow employees to set aside pre-tax dollars of their own
money for their use throughout the year to reimburse themselves
for their own or their family members' out-of-pocket expenses for
health care. With this type of account, any money remaining in
the account at the end of the year, following a short grace
period, is lost to the employee.

```
        YES ...................................... 1 {HX63D}
        NO ....................................... 2 {BOX_45}
        REF ..................................... -7 {BOX_45}
        DK ...................................... -8 {BOX_45}
```


HX63D
=====

{STR-DT}
{END-DT}

Who has a Flexible Spending Account (FSA) for health expenses?

PROBE: Anyone else?

```
        [1. First Name,[Middle Name],Last Name-65]
        [2. First Name,[Middle Name],Last Name-65]
        [3. First Name,[Middle Name],Last Name-65]      {HX63E}
```

```
    -----------------------------------------------------
    |  ROSTER DETAILS:                                  |
    |  TITLE: RU_MEMBERS_1                              |
    |                                                   |
    |  COL # 1 HEADER: NAME                             |
    |  INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
    |  AND LAST NAMES (PERS.FULLNAME)                   |
    -----------------------------------------------------
```

```
     -------------------------------------------------
    |  ROSTER DEFINITION:                             |
    |  THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR   |
    |  SELECTION OF RU MEMBERS.                       |
     -------------------------------------------------


     -------------------------------------------------
    |  ROSTER BEHAVIOR:                               |
    |  1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT|
    |  ONE OR MORE FROM THE LISTED MEMBERS.           |
    |                                                 |
    |  2. ADD, DELETE, AND EDIT DISALLOWED.           |
     -------------------------------------------------


     -------------------------------------------------
    |  ROSTER FILTER:                                 |
    |  DISPLAY ALL PERSONS AGE 16 OR OLDER.           |
     -------------------------------------------------
```

HX63E
=====

{STR-DT}
{END-DT}

How much {{do/does} {you/{PERSON}}/does your family} contribute per
year to {this FSA/these FSAs all together}?

```
     [Amount] ..............................     {BOX_45}
      REF ................................... -7 {BOX_45}
      DK .................................... -8 {BOX_45}
```

```
     -------------------------------------------------
    |  DISPLAY '{do/does} {you/{PERSON}}' AND 'this FSA' |
    |  IF ONLY ONE RU MEMBER SELECTED AT HX63D.       |
    |  OTHERWISE, DISPLAY 'does your family' AND 'these |
    |  FSAs all together'.                            |
     -------------------------------------------------


     -------------------------------------------------
    |  SOFT CHECK:                                    |
    |  RANGE CHECK:  $1-$5000                         |
     -------------------------------------------------
```

BOX_45
======

```
---------------------------------------------------------
|  IF ROUND 1, CONTINUE WITH BOX_46                     |
---------------------------------------------------------

---------------------------------------------------------
|  OTHERWISE, GO TO BOX_51                              |
---------------------------------------------------------
```

BOX_46
======

```
---------------------------------------------------------
|  IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E.,    |
|  FLAGGED AS HAVING MEDICARE, MEDICAID/SCHIP,          |
|  GOVT-HOSPITAL/PHYSICIAN, TRICARE/CHAMPVA, OTHER      |
|  PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1,  |
|  {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF   |
|  THE PANEL, GO TO BOX_48                              |
---------------------------------------------------------

---------------------------------------------------------
|  OTHERWISE, (AT LEAST ONE RU MEMBER BORN BEFORE       |
|  12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE  |
|  FIRST CALENDAR YEAR OF THE PANEL, IS WITHOUT HEALTH  |
|  INSURANCE ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE  |
|  FIRST CALENDAR YEAR OF THE PANEL), CONTINUE WITH     |
|  LOOP_18                                              |
---------------------------------------------------------
```

LOOP_18
=======

```
---------------------------------------------------------
|  FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK           |
|  HX64-END_LP18                                        |
---------------------------------------------------------
```

122

```
---------------------------------------------------
| LOOP DEFINITION:  LOOP_18 COLLECTS INFORMATION    |
| ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON      |
| JANUARY 1, {YEAR}, WHERE YEAR IS THE FIRST        |
| CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES ON RU|
| MEMBERS WHO ARE NOT A COVERED PERSON IN ANY       |
| ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE  |
| THAT MEETS THE FOLLOWING CONDITIONS:              |
| - ESTABLISHMENT IS MEDICARE, MEDICAID/SCHIP, GOVT-|
|   HOSPITAL/PHYSICIAN, OTHER PUBLIC,               |
|   TRICARE/CHAMPVA, OR PRIVATE INSURANCE           |
| AND                                               |
| - PERSON IS A CURRENT RU MEMBER WITH A BIRTH DATE |
|   PRIOR TO DECEMBER 31, {YEAR}, WHERE 'YEAR' IS   |
|   THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE|
|   PANEL (OR AGE CATEGORY > 1)                     |
| AND                                               |
| - PERIOD OF COVERAGE INCLUDES JANUARY 1, {YEAR},  |
|   WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE  |
|   PANEL.                                          |
---------------------------------------------------
```

HX64
====

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

I have recorded that {you/{PERSON}} {were/was} without insurance on
January 1, {YEAR}. {Were/Was} {you/he/she} covered by a health
insurance plan or program at any time in the years {YEAR} or
{YEAR}?

```
     YES ..................................... 1 {HX65}
     NO ...................................... 2 {END_LP18}
     REF ..................................... -7 {END_LP18}
     DK ...................................... -8 {END_LP18}
```

```
---------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on     |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR  |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at  |
| any time in the years {YEAR} or {YEAR}?" CAPI     |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR|
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS|
| WOULD BE '2005 or 2006?').                        |
---------------------------------------------------
```

HX65
====

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

When {were/was} {you/{PERSON}} most recently covered by health
insurance? That is, in what month and year did that health
insurance end **for the last time** in {YEAR} or {YEAR}?

```
     [Enter Month,Year-4] ...................   {HX66}
     REF ................................... -7 {HX66}
     DK ................................... -8 {HX66}
```

```
     ----------------------------------------------------
     |  (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
     |  AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
     |  TO THE FIRST CALENDAR YEAR OF THE PANEL FOR       |
     |  "'YEAR' OR 'YEAR'?". (FOR PANEL 12 FOR EXAMPLE,   |
     |  THIS WOULD BE '2005 or 2006?').                   |
     ----------------------------------------------------
```

```
     ----------------------------------------------------
     |  '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED  |
     |  ON THE MONTH AND YEAR FIELDS.                     |
     ----------------------------------------------------
```

HX66
====

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

Was {your/{PERSON}'s} health insurance that ended in {MONTH AND YEAR
FROM HX65/{YEAR} or {YEAR}} obtained through an employer or a
union, was it a government program such as Medicaid, or what?

CHECK ALL THAT APPLY.

```
    OBTAINED THROUGH UNION, PRIVATE
    EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
    STATE, OR LOCAL GOVT.) .................. 1
    MEDICARE .............................. 2
    MEDICAID .............................. 3
    TRICARE/CHAMPVA ....................... 4
    VA OR MILITARY HEALTH CARE ............ 5
    PURCHASED DIRECTLY FROM GROUP, ASSOC.,
    OR INS. AGENT, INS. CO. OR HMO ........ 6
    OTHER TYPE OF GOVERNMENT SPONSORED
    PROGRAM ............................... 7
    OTHER PUBLIC PROGRAM:
        TANF .............................. 8
        SSI ............................... 9
        {STATE PROGRAM 1} ................. 10
        {STATE PROGRAM 2} ................. 11
        {STATE PROGRAM 3} ................. 12
        {STATE PROGRAM 4} ................. 13
    OTHER ................................. 91 {HX66OV}
    REF ................................... -7 {END_LP18}
    DK .................................... -8 {END_LP18}
```

                    [Code All That Apply]

        HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
    -----------------------------------------------------
    | IF HX65 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T|
    | KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR 'MONTH|
    | AND YEAR FROM HX65'.  DISPLAY '{YEAR} or          |
    | {YEAR}' IF HX65 IS CODED '-7' (REFUSED) OR '-8'   |
    | (DON'T KNOW), WHERE 'YEAR' AND 'YEAR' DISPLAYS    |
    | THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF |
    | THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE|
    | '2005' or '2006'.                                 |
    -----------------------------------------------------
```

```
          ----------------------------------------------------
          |   FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF   |
          |   A STATE PLAN.  FOR THE SPECIFIC NAMES OF PLANS     |
          |   BY STATE, SEE ATTACHMENT 37.                       |
          ----------------------------------------------------


          ----------------------------------------------------
          |   FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT    |
          |   ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN       |
          |   COMBINATION WITH ANY OTHER CODE.                   |
          ----------------------------------------------------


          ----------------------------------------------------
          |   IF CODED '91' (OTHER), ALONE OR IN COMBINATION     |
          |   WITH OTHER CODES, CONTINUE WITH HX66OV             |
          ----------------------------------------------------


          ----------------------------------------------------
          |   OTHERWISE, GO TO END_LP18                          |
          ----------------------------------------------------
```

HX66OV
======

SPECIFY:

[Enter Other Specify] .... {END_LP18}
REF .... -7 {END_LP18}
DK .... -8 {END_LP18}

HX67
====

OMITTED.

HX68
====

OMITTED.

HX68OV
======

OMITTED.

BOX_47
======

OMITTED.

HX69
====

        OMITTED.

END_LP18
========

            | CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
            | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|

            | IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
            | END LOOP_18 AND CONTINUE WITH BOX_48 |

BOX_48
======

            | IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
            | DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |
            | PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |
            | HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE |
            | (I.E., MEDICARE, MEDICAID/SCHIP, GOVT- |
            | HOSPITAL/PHYSICIAN, OR TRICARE/CHAMPVA) |
            | AND |
            | NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
            | DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |
            | PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |
            | HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL |
            | AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/ |
            | MEDIGAP BENEFITS ON 1/1/{YEAR}, WHERE 'YEAR' IS |
            | THE FIRST CALENDAR YEAR OF THE PANEL, GO TO |
            | BOX_49 |

            | OTHERWISE, CONTINUE WITH LOOP_19 |

127

LOOP_19
=======

```
         ----------------------------------------------------
        | FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK         |
        | HX70-END_LP19                                      |
         ----------------------------------------------------

         ----------------------------------------------------
        | LOOP DEFINITION:  LOOP_19 COLLECTS INFORMATION ON |
        | ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH      |
        | INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR|
        | MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1,|
        | {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF|
        | THE PANEL, TO DETERMINE PERIODS OF COVERAGE IN     |
        | {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE      |
        | FIRST CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES|
        | ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:     |
        | - PERSON IS A CURRENT RU MEMBER                    |
        | AND                                                |
        | - PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR},   |
        |   WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST      |
        |   CALENDAR YEAR OF THE PANEL, OR PERSON'S AGE IS   |
        |   AGE CATEGORIES 2-9                               |
        | AND                                                |
        | - PERSON HAD COMPREHENSIVE HEALTH INSURANCE        |
        |   COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' IS THE      |
        |   FIRST CALENDAR YEAR OF THE PANEL. COMPREHENSIVE |
        |   HEALTH INSURANCE REFERS TO THE PERSON BEING A    |
        |   COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING |
        |   ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-       |
        |   TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST|
        |   CALENDAR YEAR OF THE PANEL:                      |
        |   - ESTABLISHMENT IS MEDICARE                      |
        |   - ESTABLISHMENT IS MEDICAID/SCHIP                |
        |   - ESTABLISHMENT IS TRICARE                       |
        |   - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN       |
        |   - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND     |
        |     PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR   |
        |     MEDIGAP (I.E., HX48 = 1 OR 5)                  |
         ----------------------------------------------------
```

HX70
====

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

I have recorded that {you/{PERSON}} had health insurance coverage on
January 1, {YEAR}. {Were/Was} {you/he/she} **ever without** health
insurance coverage at any time in {YEAR}?

        YES .... 1 {HX71}
        NO .... 2 {END_LP19}
        REF .... -7 {END_LP19}
        DK .... -8 {END_LP19}

        | (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
        | AUTOMATICALLY): FOR 'YEAR' IN, "... on JANUARY 1, |
        | {YEAR}," DISPLAY THE FIRST CALENDAR YEAR OF THE |
        | PANEL. FOR 'YEAR' IN "... at any time in {YEAR}," |
        | DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
        | OF THE PANEL. |

HX71
====

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

Altogether, how many weeks or months {were/was} {you/{PERSON}}
without health insurance coverage in the year {YEAR}?

        [Enter Small Number] .... {HX71OV}
        REF .... -7 {END_LP19}
        DK .... -8 {END_LP19}

        | (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
        | AUTOMATICALLY): FOR 'YEAR' IN THE QUESTION TEXT, |
        | DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
        | OF THE PANEL. |

HX71OV
======

              ENTER UNIT:

                      WEEKS .... 1 {END_LP19}
                      MONTHS .... 2 {END_LP19}
                      REF .... -7 {END_LP19}
                      DK .... -8 {END_LP19}

                              [Code One]

HX72
====

              OMITTED.

HX73
====

              OMITTED.

HX73OV
======

              OMITTED.

HX74
====

              OMITTED.

HX75
====

              OMITTED.

HX75OV
======

              OMITTED.

END_LP19
========

                   | CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
                   | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|

                   | IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
                   | END LOOP_19 AND CONTINUE WITH BOX_49 |

BOX_49
======

```
 -----------------------------------------------------
 |  IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE     |
 |  DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR      |
 |  PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL,     |
 |  HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL|
 |  AND PHYSICIAN BENEFITS                             |
 |  AND/OR                                             |
 |  ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE     |
 |  PUBLIC INSURANCE ON JANUARY 1, {YEAR}, WHERE       |
 |  'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL,    |
 |  GO TO BOX_51                                       |
 -----------------------------------------------------


 -----------------------------------------------------
 |  OTHERWISE, CONTINUE WITH LOOP_20                   |
 -----------------------------------------------------
```

LOOP_20
=======

```
 -----------------------------------------------------
 |  FOR EACH ELEMENT IN RU-MEMBERS-ROSTER,            |
 |  ASK HX76-END_LP20                                 |
 -----------------------------------------------------
```

```
-----------------------------------------------------
| LOOP DEFINITION:  LOOP_20 COLLECTS INFORMATION FOR|
| EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO    |
| 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO   |
| THE FIRST CALENDAR YEAR OF THE PANEL, (OR AGE     |
| CATEGORY > 1), AND WHO IS COVERED BY PRIVATE      |
| INSURANCE THAT DOES NOT INCLUDE EITHER HOSPITAL/  |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP |
| BENEFITS ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE|
| FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES |
| ON PERSONS WERE EVER COVERED BY A MORE            |
| COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/        |
| PHYSICIAN COVERAGE DURING {YEAR}, WHERE 'YEAR' IS |
| THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE  |
| PANEL, OR {YEAR}, WHERE 'YEAR' IS TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP |
| CYCLES ON PERSONS THAT MEET THE FOLLOWING         |
| CONDITIONS:                                       |
| - PERSON IS A CURRENT RU MEMBER                   |
| AND                                               |
| - PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR},  |
|   WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST     |
|   CALENDAR YEAR OF THE PANEL, OR IN AGE CATEGORIES|
|   2-9                                             |
| AND                                               |
| - PERSON DID NOT HAVE COMPREHENSIVE HEALTH        |
|   INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR'  |
|   IS THE FIRST CALENDAR YEAR OF THE PANEL.        |
|   COMPREHENSIVE HEALTH INSURANCE REFERS TO THE    |
|   PERSON BEING A COVERED PERSON ON AT LEAST ONE OF|
|   THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-       |
|   COVERED-PERSON-TRIPLES ON 1/1/{YEAR}, WHERE     |
|   'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL: |
|   - ESTABLISHMENT IS MEDICARE                     |
|   - ESTABLISHMENT IS MEDICAID                     |
|   - ESTABLISHMENT IS TRICARE                      |
|   - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN      |
|   - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND    |
|     PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR  |
|     MEDIGAP (I.E., HX48 = 1 OR 5)                 |
| AND                                               |
| - PERSON IS COVERED PERSON ON AT LEAST ONE OF THE |
|   FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-   |
|   PERSON-TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS   |
|   THE FIRST CALENDAR YEAR OF THE PANEL:           |
-----------------------------------------------------
```

```
-----------------------------------------------------
|   - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER     |
|     PUBLIC                                        |
|   - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND |
|     PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR  |
|     MEDIGAP (I.E., HX48 IS NOT CODED 1 OR 5)      |
-----------------------------------------------------
```

HX76
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that {you/{PERSON}} {had health insurance coverage
for (READ TYPES OF INSURANCE BELOW) coverage} {and} {was covered by a
public program} on January 1, {YEAR}. {Were/Was} {you/he/she} ever
covered by a more comprehensive health insurance plan or program
that paid for medical and doctor's bills at any time in the years
{YEAR} or {YEAR}?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

```
     YES .................................... 1 {HX77}
     NO ..................................... 2 {END_LP20}
     REF .................................... -7 {END_LP20}
     DK ..................................... -8 {END_LP20}
```

```
----------------------------------------------------
| DISPLAY 'had health...(BELOW)' IF PERSON          |
| CONFIRMED AS POLICYHOLDER (HP09 IS CODED '1'      |
| (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT   |
| HP11) OR SELECTED AS A DEPENDENT (SELECTED AT     |
| HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER  |
| PAIR WHERE HX48 IS NOT CODED '1' (HOSPITAL AND    |
| PHYSICIAN BENEFITS) AND NOT CODED '5' (MEDICARE   |
| SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY      |
| COMBINATION OF CODES FOR ALL OF THOSE PRIVATE     |
| ESTABLISHMENT-POLICYHOLDER PARIS.  OTHERWISE, USE |
| A NULL DISPLAY.                                   |
|                                                   |
| DISPLAY 'was....program' IF PERSON SELECTED AT    |
| HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM).     |
| OTHERWISE, USE A NULL DISPLAY.                    |
|                                                   |
| DISPLAY 'and' IF PERSON CONFIRMED AS POLICYHOLDER |
| (HP09 IS CODED '1' (YES)) OR SELECTED AS          |
| POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A  |
| DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE      |
| ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT |
| CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) AND   |
| NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER|
| ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF |
| THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS    |
| AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1   |
| OR GROUP 2 PROGRAM).                              |
----------------------------------------------------


----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on     |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR  |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at  |
| any time in the years {YEAR} or {YEAR}?" CAPI     |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR|
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS|
| WOULD BE '2005 or 2006?').                        |
----------------------------------------------------
```

HX77
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When {were/was} {you/{PERSON}} most recently covered by this kind of
health insurance? That is, in what month and year did the
health insurance that paid for medical and doctor's bills end
for the last time in {YEAR} or {YEAR}?

```
     [Enter Month,Year-4] ...................   {HX78}
     REF .................................. -7 {HX78}
     DK ................................... -8 {HX78}
```

```
     ---------------------------------------------------
    |  (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
    |  AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
    |  TO THE FIRST CALENDAR YEAR OF THE PANEL FOR       |
    |  "'YEAR' OR 'YEAR'?". (FOR PANEL 12 FOR EXAMPLE,   |
    |  THIS WOULD BE '2005 or 2006?').                   |
     ---------------------------------------------------


     ---------------------------------------------------
    |  '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED  |
    |  ON THE MONTH AND YEAR FIELDS.                     |
     ---------------------------------------------------
```

HX78
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was {your/{PERSON}'s} health insurance that ended in {DATE FROM
HX77/{YEAR} or {YEAR}} obtained through an employer or union, was
it a government program such as Medicare or Medicaid, or what?

CHECK ALL THAT APPLY.

```
        OBTAINED THROUGH UNION, PRIVATE
        EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
        STATE, OR LOCAL GOVERNMENT) ............ 1
        MEDICARE ............................... 2
        MEDICAID ............................... 3
        TRICARE/CHAMPVA ........................ 4
        VA OR MILITARY HEALTH CARE ............. 5
        PURCHASED DIRECTLY FROM GROUP,
        ASSOCIATION, OR INSURANCE AGENT,
        INSURANCE COMPANY OR HMO ............... 6
        OTHER TYPE OF GOVERNMENT SPONSORED
        PROGRAM ................................ 7
        OTHER PUBLIC PROGRAM:
            TANF ............................... 8
            SSI ................................ 9
            {STATE PROGRAM 1}.................. 10
            {STATE PROGRAM 2} ................. 11
            {STATE PROGRAM 3} ................. 12
            {STATE PROGRAM 4} ................. 13
        OTHER ................................. 91 {HX78OV}
        REF ................................... -7 {END_LP20}
        DK .................................... -8 {END_LP20}
```

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

```
    -----------------------------------------------------
    |  IF HX77 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T|
    |  KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR 'MONTH|
    |  AND YEAR FROM HX77'.  DISPLAY 'in {YEAR} or       |
    |  {YEAR}' IF HX77 IS CODED '-7' (REFUSED) OR '-8'   |
    |  (DON'T KNOW), WHERE "'YEAR' or 'YEAR'" DISPLAYS   |
    |  THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF |
    |  THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE|
    |  '2005' or '2006'.                                 |
    -----------------------------------------------------
```

```
        --------------------------------------------------
        |  FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF  |
        |  STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A |
        |  STATE THAT HAS OTHER STATE PROGRAMS.  FOR THE     |
        |  SPECIFIC NAMES OF PROGRAMS BY STATE, SEE          |
        |  ATTACHMENT 37.                                    |
        --------------------------------------------------


        --------------------------------------------------
        |  FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT  |
        |  ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN      |
        |  COMBINATION WITH ANY OTHER CODE.                  |
        --------------------------------------------------


        --------------------------------------------------
        |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION   |
        |  WITH OTHER CODES, CONTINUE WITH HX78OV           |
        --------------------------------------------------


        --------------------------------------------------
        |  OTHERWISE, GO TO END_LP20                        |
        --------------------------------------------------
```

HX78OV
======

SPECIFY:

[Enter Other Specify] ....   {END_LP20}
REF .... -7 {END_LP20}
DK .... -8 {END_LP20}

HX79
====
OMITTED.

HX80
====
OMITTED.

HX80OV
======
OMITTED.

END_LP20
========

```
            -------------------------------------------------
            |  CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT    |
            |  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
            -------------------------------------------------

            -------------------------------------------------
            |  IF NO MORE PERSONS MEET THE STATED CONDITIONS,    |
            |  END LOOP_20 AND CONTINUE WITH BOX_51             |
            -------------------------------------------------
```

BOX_50
======

OMITTED.

LOOP_21
=======

OMITTED.

HX81
====

OMITTED.

END_LP21
========

OMITTED.

BOX_51
======

```
            -------------------------------------------------
            |  GO TO NEXT QUESTIONNAIRE SECTION                 |
            -------------------------------------------------
```