Private Health Insurance Detail (HP) Section

```
_____
 NOTE: THROUGHOUT THIS SECTION IN CAPI, FOR
'CATEGORY NAME FROM HX03 OR HX23', DISPLAY THE
| FOLLOWING:
- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
  - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
 - 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
 - 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03|
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR
THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03
  - 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23
- 'SCHOOL' IF CODED '3' AT HX23
- 'INSURANCE AGENT' IF CODED '4' AT HX23
- 'INSURANCE COMPANY' IF CODED '5' AT HX23
- 'HMO' IF CODED '6' AT HX23
 - 'UNION' IF CODED '7' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED
'8' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF
CODED '9' AT HX23
- 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER'
IF CODED '10' AT HX23
  - 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23
 - 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12'
L
   AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23|
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED
  INSURANCE' IF CODED \-7' OR \-8'
```

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| 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, 1 | THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF | THE SECOND YEAR OF THE PANEL. _____ _____ NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS 1 OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN| | ALL FUTURE ROUNDS. _____ NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND THE INFORMED CONSENT SCREENS WERE OMITTED STARTING IN PANEL 12 ROUND 3. THIS INFORMATION WAS IN PANEL 12 ROUNDS 1 AND 2. STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED | | IN ALL ROUNDS.

BOX_00

| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, |
| 'INSURANCE SOURCE'. |
| FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT |
| FROM HX23. IF HX23=91, DISPLAY THE OTHER SPECIFY |
| TEXT. |

BOX 01

_____ | IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE | EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH | INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' | WITH A FIRM-SIZE-1, GO TO LOOP 01 _____ _____ | IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON | AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM | | A SCHOOL)), GO TO HP03 _____ _____ | IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) | | AT HX23, CONTINUE WITH HP01 _____

HP01 ====

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

GENERAL HEALTH COVERAGE 1	{HP02}
ONLY INJURIES CAUSED BY ACCIDENTS 2	{BOX 11}
REF	{HP02}
DK8	{HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02

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

YES 1	{HP03}
NO 2	{BOX 11}
REF7	{HP03}
DK8	{HP03}

HP03

====

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

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

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

CONTINUE				 1	{LOOP_01}
INSURANCE	REPORTED	IN	ERROR	 2	{BOX 11}

[Code One]

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

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

LOOP_01

FOR EACH OF THE FOLLOWING:

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

BOX_01A

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

HP04A =====

OMITTED.

HP04 ====

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

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

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

| ROSTER. ESTABLISHMENT |
||
1. Establishment Name-30 |
||
2. Establishment Name-30 |
||
3. Establishment Name-30 |
||

_____ | DISPLAY '(CATEGORY NAME FROM HX03 OR HX23)' IF | NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 | | OR CODE '4' (INSURANCE AGENT) AT HX23. | DISPLAY 'from which anyone in the family purchased| | this insurance' IF NOT LOOPING ON CODE '5' | (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE | | AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING | | HERE) AT HX23. | DISPLAY 'which covers anyone in the family' IF | LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT | LIVING HERE) AT HX23. | DISPLAY 'insurance company for the insurance purchased from an agent' IF LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE | AGENT) AT HX23. _____ _____ FOR 'CATEGORY NAME FROM HX03 OR HX23' DISPLAY THE | | CATEGORY TEXT FROM HX03 OR HX23. SEE NOTE BOX AT | | BEGINNING OF HP SECTION FOR DETAILS. _____ _____ THE CONTEXT HEADER DISPLAYED ON SCREENS | HP04 - HP08 DEPENDS ON THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY), CAPI DISPLAYS THE PERSON AND START | DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, | CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. 1 OTHERWISE, CAPI DISPLAYS THE START DATE. FOR | ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE | REFERENCE PERIOD. _____ | DISPLAY AN "ADD ESTABLISHMENT" OPTION ON THIS SCREEN. _____ _____ | IF 'ADD ESTABLISHMENT' OPTION IS SELECTED, | CONTINUE WITH BOX 01B

```
_____
| OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE
                                   | LIST), GO TO BOX 02
          _____
| ROSTER DETAILS:
| TITLE: RU ESTB 3
| COL # 1 HEADER: ESTABLISHMENT
INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME
(ESTB.ESTBNAME)
_____
 ROSTER DEFINITION:
| THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR |
| DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS. |
_____
  _____
| ROSTER BEHAVIOR:
1. SELECT ALLOWED.
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT
  DISALLOWED.
_____
_____
| ROSTER FILTER:
| DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE |
| INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS |
| FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A |
| FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES. |
 _____
```

BOX_01B

_____ | IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT| LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT' | 1 | IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A | | SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.) | _____ _____ | IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT 1 | LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT | LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE | | THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS | | A POPUP ON HP04.) _____

HP05 ====

OMITTED.

HP06

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED INSURANCE.

{ESTABLISHMENT: [____] {BOX_02}

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

HP07 ====

> { STR-DT } { END-DT }

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

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.

[Establishment Name] {BOX_02}

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

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

HP08 ====

OMITTED.

BOX_02

_____ | IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS | 'GROUP'. | IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS 'UNION'. | IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN AGENT'. IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS | 'INSURANCE COMPANY'. | IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.| | IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'. | IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS 'COBRA'. IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS UNKNOWN TYPE-COLLECTED AT OTHER'. | IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS 'GROUP'. | IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS 'SCHOOL'. IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN AGENT'. | IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'. | IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS 'HMO'. | IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS 'UNION'. IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS 'COBRA'. | IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'. | IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS | 'SPOUSE PREVIOUS EMPLOYER'. | IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS 'EMPLOYER'. | IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS | 'UNKNOWN TYPE-OUTSIDE RU'. IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS | 'UNKNOWN TYPE - COLLECTED AT OTHER'. _____

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

BOX_03

	IF	LOOPING	ON A	N HX23	CAT	TEGORY,	GO	ТО	HP11	I
	ΓO	HERWISE,	CONT	INUE W	ITH	HP09				

HP09

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

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

YES 1	{LOOP_02}
NO 2	{HP10}
REF7	{HP10}
DK8	{HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

•	DISPLAY (END DA	· ·	,				5.	DISPLAY	' As	of
	PERSON	REFERS	TO 3	JOBH)LDEH	R.				

| IF CODED '1' (YES), FLAG JOBHOLDER AS | | 'POLICYHOLDER'. |

HP10

{NAME OF ESTABLISHMENT} {STR-DT} {END-DT} Who {is/was} the primary insured person or policyholder of this health coverage through (ESTABLISHMENT) {on (END DATE)}? {JOBHOLDER/EMPLOYER-PAIR 1} {JOBHOLDER/EMPLOYER-PAIR 2} {JOBHOLDER/EMPLOYER-PAIR 3} JOBHOLDER/EMPLOYER IS LISTED 1 {END LP01} JOBHOLDER/EMPLOYER IS NOT LISTED 2 {END LP01} DK -8 {END LP01} HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER. [Code One] _____ | DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF | | ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE NULL DISPLAY. _____ _____ | IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T | | KNOW), FLAG FOR EVENT CLEANUP. _____ _____

| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, | AND LAST NAME/ESTABLISHMENT NAME (PERS.FULLNAME/ |

ROSTER DETAILS:

| ESTB.ESTBNAME)

| TITLE: RU ESTB PERS PAIRS 2

| COL # 1 HEADER: JOBHOLDER/EMPLOYER PAIR

_____ | ROSTER DEFINITION: | THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- | | ROSTER FOR DISPLAY OF EMPLOYER/JOBHOLDER PAIRS. | ROSTER BEHAVIOR: | 1. DISPLAY ONLY. | 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. _____ _____ | ROSTER FILTER: | DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON- | PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING | CONDITIONS: 1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT | IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' | AND 2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY | ESTABLISHMENT -----

HP11

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

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

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

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

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

```
_____
| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND
                              'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO
                             | LOOP 02
                              _____
 _____
| IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN |
COMBINATION WITH OTHER NAMES EXCEPT 'POLICYHOLDER |
| NOT LISTED IN DU', GO TO HP11B
                              _____
 _____
| IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE|
| OR IN COMBINATION WITH OTHER NAMES AND/OR |
POLICYHOLDER DECEASED', CONTINUE WITH HP11A
                              _____
 ROSTER DETAILS:
TITLE: DU_MEMBERS_1
| COL # 1 HEADER: NAME
| INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE,
                              AND LAST NAMES (PERS.FULLNAME)
  _____
| ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS- |
| ROSTER FOR SELECTION.
                              _____
 _____
| ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED.
                               | 2. ADD, DELETE, AND EDIT DISALLOWED.
   _____
 _____
ROSTER FILTER:
                               NO FILTER; DISPLAY ALL DU MEMBERS.
```

HP11A

=====

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

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

[Enter Specify-15] {LOOP 02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

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

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

-					
	OTHERWISE,	GO	ТО	LOOP	_02
-					

HP11B

=====

<pre>{NAME OF ESTABLISHMENT} {STR-DT} {END-DT}</pre>
INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:
[Enter Specify-40] {LOOP_02}
HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.
FLAG POLICYHOLDER AS 'DECEASED'.

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

LOOP_02

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

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

BOX_04

_							-
	IF LOOPING	ON A	N ESTABI	ISHMENT	FLAGGED IN		
	EMPLOYMENT	AS '	PROVIDES	HEALTH	INSURANCE',	GO TO	
	BOX_07						
_							_
-							-
	OTHERWISE,	CONT	INUE WIT	H BOX 0	ō		
				_			

BOX_05

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

BOX_06

_		_
 	IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI AND GO TO HP13	
- -	IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO BOX_07	-
- _	OTHERWISE, CONTINUE WITH HP12	- -

HP12

====

```
{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}
(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?
CUBRENTLY EMPLOYED 1 (HP13)
```

CURRENILI EMPLOIED	{HPI3}
RETIRED 2	{HP13}
PREVIOUSLY EMPLOYED 3	{HP13}
DECEASED 4	{HP13}
OTHER 91	{HP12OV}
REF7	{HP13}
DK8	{HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

HP12OV

=====

OTHER:

[Enter Other Specify]	{HP13}
REF7	{HP13}
DK8	{HP13}

HP13

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

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

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

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

-						
	DISPLAY	'(Are/Is)'	IF HP12	IS CODED	` 1'	(CURRENTLY
	EMPLOYEI). OTHERW	ISE, DIS	PLAY '(We	re/Wa	s)'.
-						

BOX_07

======

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

| OTHERWISE, GO TO HP15 |

HP14

====

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

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

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

YES 1	{HP15}
NO 2	{HP15}
REF7	{HP15}
DK8	{HP15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

-		-
	DISPLAY 'IS' IF NOT ROUND 5. DISPLAY 'Was' IF	
	ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.	
	OTHERWISE, USE NULL DISPLAY.	
_		_

HP15

====

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

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

YES 1	{HP16}
NO 2	{HP17}
REF7	{HP17}
DK8	{HP17}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

HP16

====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT } {STR-DT } {END-DATE} Who is that? PROBE: Was anyone else covered as a dependent {since (START DATE) / between (START DATE) and (END DATE) }? [1. First Name, [Middle Name], Last Name-35] [2. First Name, [Middle Name], Last Name-35] [3. First Name, [Middle Name], Last Name-35] [Code All That Apply] _____ DISPLAY 'since (START DATE)' IF NOT ROUND 5. | DISPLAY 'between (START DATE) and (END DATE)' IF | | ROUND 5. _____ _____ | IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG | | INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR | AS 'COVERING PERSON NOT LISTED IN RU'. _____ _____ | GO TO BOX 08 _____

```
-----
| ROSTER DETAILS:
| TITLE: RU MEMBERS 1
| COL # 1 HEADER: NAME
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)
                                _____
_____
| ROSTER DEFINITION:
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION|
| OF RU-MEMBERS.
 _____
  _____
| ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED.
| 2. ADD, DELETE, AND EDIT DISALLOWED.
      -----
_____
| ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER
                               1
| EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR |
| THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME |
| OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING |
| ASKED ABOUT.
   _____
 _____
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ITEM ON |
| ROSTER.
                                _____
```

HP17

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

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

YES 1	{BOX_08}
NO 2	{BOX_08}
REF7	{BOX_08}
DK8	{BOX_08}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

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

BOX_08

IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A|
DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
'COVERING PERSON NOT IN RU', GO TO END_LP02 |
OTHERWISE, CONTINUE WITH LOOP_03 |

LOOP_03

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

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

BOX_09

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

END_LP03

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- | | COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS | | STATED IN THE LOOP DEFINITION. | | IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | | END LOOP_03 AND CONTINUE WITH END_LP02 |

END_LP02

CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN
THE LOOP DEFINITION.
IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
LOOP_02 AND CONTINUE WITH BOX_10

BOX_10

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT
FLAGGED AS `SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO
TO END LP01
OTHERWISE, CONTINUE WITH HP18

HP18 ====

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

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

YES 1	{END_LP01}
NO 2	{END_LP01}
REF7	{END_LP01}
DK	{END_LP01}

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

END_LP01

 		IS CODED HMENT NAN	•	ES), CY	CLE TO	COLLECT	NEXT
 		IS NOT AS), OR '-8 WITH BOX	B' (DON			· · ·	
 	•		•	'T KNOW	I), END	TOO5_01	AND

BOX_11 ======

	 							-
	RETURN	ТО	THE	HEALTH	INSURANCE	(HX)	SECTION.	I
	 							_