

Old Public Related Insurance (PR) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

Old Public Related Insurance (PR) 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: |
| DISPLAY {PERS.FULLNAME}, PRND.BEGREFMM, |
| PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, |
PRND.ENDREFDD, PRND.ENDREFYY.

BOX_01

=====

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

OTHERWISE, GO TO BOX_02

LOOP_01
=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR01 - END_LP01

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

| NAVIGATOR DETAILS: LOOP_01 USES NAV_PR01 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR01
=====

{STR-DT}

SERIES: Review of Medicare Managed Care Plan Coverage from a
Previous Round

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. 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 BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICARE |
| AND |
| - PERSON WAS COVERED BY MEDICARE AT ANY TIME |
DURING THE PREVIOUS ROUND

CONTINUE WITH PR03 FOR SELECTED RU MEMBER.

PR03
=====

{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 {PR04}
NO 2 {PR06B}
REF -7 {PR06B}
DK -8 {PR06B}

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.

PR04
=====

{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] {PR05}
REF -7 {PR05}
DK -8 {PR05}

| 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 RD'S |  
| MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON- |  
| PAIR. |  
-----
```

PR05

=====

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

{{Do/Does}/Did} {you/{PERSON}} have prescribed medicine coverage
through {{NAME OF PLAN FROM PR04}}/{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 '{NAME OF PLAN FROM PR04}' IF A PLAN NAME |  
| WAS ENTERED AT PR04. DISPLAY {your/his/her} |  
| Medicare managed care plan' IF PR04 IS CODED '-7' |  
| (REF) OR '-8' (DK). |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |  
| 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS |  
| ENTERED. |  
| |  
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |  
| USE A NULL DISPLAY. |  
-----
```

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-----  
| IF ROUND 3, CONTINUE WITH PR06 |  
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-----  
| OTHERWISE, GO TO END_LP01 |  
-----
```

PR06
=====

{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 {NAME OF PLAN FROM PR04}/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 {PR06A}
NO 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

[Code One]

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

| DISPLAY 'the coverage with {NAME OF PLAN FROM |
| PR04}' IF A MEDICARE PLAN NAME WAS ENTERED AT |
| PR04. DISPLAY 'this Medicare managed care plan' |
| IF PR04 WAS CODED '-7' (REF) OR '-8' (DK). |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |
| 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS |
ENTERED.

PR06A
=====

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

How {do/does} {you/{PERSON}} pay for {your/his/her} {{NAME OF PLAN FROM PR04}/Medicare managed care} premium?

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

DEDUCTED FROM SOCIAL SECURITY 1 {PR06AA}
PAY DIRECTLY 2 {PR06AA}
BOTH 3 {PR06AA}
REF -7 {END_LP01}
DK -8 {END_LP01}

| DISPLAY '{NAME OF PLAN FROM PR04}' IF A MEDICARE |
| PLAN NAME WAS ENTERED AT PR04. DISPLAY 'Medicare |
| managed care' IF PR04 WAS CODED '-7' (REF) OR |
| '-8' (DK). |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |
| 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS |
ENTERED.

PR06AA
=====

{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} {NAME OF PLAN FROM PR04} plan?

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

[Enter Amount in Dollars] {PR06AAOV1}
REF -7 {PR06AAA}
DK -8 {PR06AAA}

```

-----
| DISPLAY 'is {your/{PERSON}'s} Social Security |
| deduction' IF PR06AA IS CODED '1' (DEDUCTED FROM |
| SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |
| {PERSON}} pay in premiums' IF PR06AA IS CODED '2' |
| (PAY DIRECTLY) OR '3' (BOTH). |
-----
  
```

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-----
| DISPLAY '{NAME OF PLAN FROM PR04}' IF A MEDICARE |
| PLAN NAME WAS ENTERED AT PR04. OTHERWISE (I.E., |
| IF PR04 WAS CODED '-7' (REF) OR '-8' (DK)), USE |
| A NULL DISPLAY. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |
| 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS |
| ENTERED. |
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```

PR06AAOV1
 =====

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

UNIT OF COVERAGE:

```

PER YEAR ..... 1 {END_LP01}
QUARTERLY/EVERY 3 MONTHS ..... 2 {END_LP01}
BIMONTHLY/EVERY 2 MONTHS ..... 3 {END_LP01}
PER MONTH ..... 4 {END_LP01}
PER WEEK ..... 5 {END_LP01}
BIWEEKLY/EVERY 2 WEEKS ..... 6 {END_LP01}
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {END_LP01}
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {END_LP01}
OTHER ..... 91 {PR06AAOV2}
REF ..... -7 {END_LP01}
DK ..... -8 {END_LP01}
  
```

[Code One]

PR06AAOV2
 =====

SPECIFY:

```

[Enter Other Specify] ..... {END_LP01}
REF ..... -7 {END_LP01}
DK ..... -8 {END_LP01}
  
```

PR06AAA
=====

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

{PLAN NAME: {NAME OF PLAN FROM PR04}}

SHOW CARD HX-6.

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

1 - 50 1 {END_LP01}
51 - 100 2 {END_LP01}
101 - 200 3 {END_LP01}
201 - 300 4 {END_LP01}
301 OR MORE 5 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

| DISPLAY 'PLAN NAME: {NAME OF PLAN FROM PR04}' IF |
| A MEDICARE PLAN NAME WAS ENTERED AT PR04. |
| OTHERWISE (I.E., IF PR04 WAS CODED '-7' (REF) OR |
| '-8' (DK)), USE A NULL DISPLAY. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |
| 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS |
ENTERED.

PR06B
=====

{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.

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-----  
| 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. |  
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```

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-----  
| IF CODED '1' (YES) AND ROUND 3, CONTINUE WITH |  
| PR06C |  
-----
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-----  
| OTHERWISE, GO TO END_LP01 |  
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PR06C
=====

{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	{PR06D}
NO	.....	2	{END_LP01}
REF	.....	-7	{END_LP01}
DK	.....	-8	{END_LP01}

[Code One]

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

PR06D
=====

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

How {do/does} {you/{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	{PR06E}
PAY DIRECTLY	2	{PR06E}
BOTH	3	{PR06E}
REF	-7	{END_LP01}
DK	-8	{END_LP01}

PR06E
=====

{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]	{PR06EOV1}
REF	-7 {PR06F}
DK	-8 {PR06F}

```
-----  
| DISPLAY 'is {your/{PERSON}'s} Social Security |  
| deduction' IF PR06D IS CODED '1' (DEDUCTED FROM |  
| SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |  
| {PERSON}} pay in premiums' IF PR06D IS CODED '2' |  
| (PAY DIRECTLY) OR '3' (BOTH). |  
-----
```

PR06EOV1
=====

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

UNIT OF COVERAGE:

PER YEAR	1	{END_LP01}
QUARTERLY/EVERY 3 MONTHS	2	{END_LP01}
BIMONTHLY/EVERY 2 MONTHS	3	{END_LP01}
PER MONTH	4	{END_LP01}
PER WEEK	5	{END_LP01}
BIWEEKLY/EVERY 2 WEEKS	6	{END_LP01}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{END_LP01}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{END_LP01}
OTHER	91	{PR06EOV2}
REF	-7	{END_LP01}
DK	-8	{END_LP01}

[Code One]

PR06EOV2
=====

SPECIFY:

[Enter Other Specify]		{END_LP01}
REF	-7	{END_LP01}
DK	-8	{END_LP01}

PR06F
=====

{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_LP01}
31 - 60	2	{END_LP01}
61 - 90	3	{END_LP01}
91 - 120	4	{END_LP01}
121 OR MORE	5	{END_LP01}
REF	-7	{END_LP01}
DK	-8	{END_LP01}

END_LP01

=====

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

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

BOX_02

=====

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

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

PR07
=====

{STR-DT}
{END-DT}

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

Have all of these people been covered by {Medicaid/{STATE NAME
FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START
DATE}/between {START DATE} and {END DATE}}?

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

YES, ALL 1 {BOX_03}
NO, ONLY SOME 2 {PR08}
NO, NONE 3
REF -7 {BOX_05}
DK -8 {BOX_05}

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid' DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME BY STATE TO DISPLAY, SEE ATTACHMENT 36.

| 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 36.

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

| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |
| LISTED HERE AS 'COVERED BY MEDICAID/SCHIP DURING |
CURRENT ROUND.'

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

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

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

| 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 DISPLAY OF RU-MEMBERS.

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

```
-----  
| ROSTER FILTER: |  
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED |  
| BY MEDICAID/SCHIP AT ANY TIME DURING THE |  
| PREVIOUS ROUND. |  
-----
```

PR08

====

{STR-DT}
{END-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME} {since {START DATE}/between {START DATE} and
{END DATE}}?

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]

```
-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |  
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |  
| NAME BY STATE TO DISPLAY, SEE ATTACHMENT 36. |  
-----
```

```
-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |  
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |  
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |  
| ATTACHMENT 36. |  
-----
```

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

| FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID/
| SCHIP DURING CURRENT ROUND.' FLAG ALL PERSONS NOT
| SELECTED AS 'NOT COVERED BY MEDICAID/SCHIP DURING
| CURRENT ROUND.'
|

| GO TO BOX_03
|

| 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. MULTIPLE SELECT ALLOWED.
| 2. ADD, DELETE, AND EDIT DISALLOWED.
|

| ROSTER FILTER:
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED
| BY MEDICAID/SCHIP AT ANY TIME DURING THE
| PREVIOUS ROUND.
|

BOX_03
=====

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

OTHERWISE, CONTINUE WITH PR09

PR09
=====

{STR-DT}
{END-DT}

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

YES 1 {PR10}
NO 2
REF -7
DK -8

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 STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
ATTACHMENT 36.

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

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

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

PR10
=====

{STR-DT}
{END-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME} {since {START DATE}/between {START DATE} and
{END DATE}}?

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]

```
-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |  
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |  
| NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36. |  
-----
```

```
-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |  
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |  
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |  
| ATTACHMENT 36. |  
-----
```

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

| FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID/ |
| SCHIP' DURING CURRENT ROUND. FLAG ALL PERSONS |
| NOT SELECTED AS 'NOT COVERED BY MEDICAID/SCHIP' |
DURING CURRENT ROUND.

GO TO LOOP_02

| 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. |
1. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| 1. RU MEMBERS NOT FLAGGED AS COVERED BY MEDICAID/ |
SCHIP AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_02

=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR02 - END_LP02

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

| NAVIGATOR DETAILS: LOOP_02 USES NAV_PR02 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR02
=====

MEDICAID/SCHIP {STR-DT}

SERIES: Time Covered by MEDICAID/SCHIP 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
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 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 BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICAID |
| AND |
| - PERSON IS COVERED BY MEDICAID/SCHIP DURING |
THE CURRENT ROUND

CONTINUE WITH BOX_04 FOR SELECTED RU MEMBER

BOX_04

=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
| FOR THIS PAIR. |
| |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP02

END_LP02
=====

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

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

PR11
=====

{STR-DT}
{END-DT}

{Last time we recorded that (READ NAME(S) BELOW) may be covered
by {NAME OF PREV RD'S MEDICAID/SCHIP INSURER FOR RU}.}

{Since {START DATE}/Between {START DATE} and {END DATE}}, has
there been any change in the plan name of the health insurance
the family has through {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]

YES 1 {PR13}
NO 2 {BOX_04A}
REF -7 {BOX_04A}
DK -8 {BOX_04A}

HELP AVAILABLE FOR A DEFINITION OF MEDICAID/SCHIP.

| DISPLAY 'Last time... {NAME OF PREV RD'S
| MEDICAID/SCHIP INSURER FOR RU}.' IF THERE IS AN
| INSURER ASSOCIATED WITH MEDICAID/SCHIP IN THE
| PREVIOUS ROUND.
|

| FOR 'NAME OF PREV RD'S MEDICAID/SCHIP INSURER FOR
| RU', DISPLAY THE INSURER RECORDED FOR MEDICAID/
| SCHIP DURING THE PREVIOUS ROUND. NOTE: THIS NAME
| WILL NO LONGER COME FROM THE PLAN FILL FILE. IT
| WILL BE THE NAME ENTERED AT EITHER HX44 OR PR15.
|

| DISPLAY 'Since {START DATE}' IF NOT ROUND 5.
| DISPLAY 'Between {START DATE} and {END DATE}' IF
| ROUND 5.
|

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM
| NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36.
|

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS,
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE
| ATTACHMENT 36.
|

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

| 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED |
BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

PR13
=====

{STR-DT}
{END-DT}

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}
{(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 {PR15}
YES, SOME ARE 2 {PR15}
NO, NONE ARE 3 {PR14}
REF -7 {PR14}
DK -8 {PR14}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
ATTACHMENT 36.

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

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

| ROSTER FILTER: |
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED |
BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

PR14
=====

{STR-DT}
{END-DT}

{Does/Between {START DATE} and {END DATE|, did} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} 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 {PR15}
- YES, SOME REQUIRED 2 {PR15}
- NO, NONE REQUIRED 3 {BOX_04A}
- REF -7 {BOX_04A}
- DK -8 {BOX_04A}

[Code One]

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

```

-----
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36. |
-----

```

```

-----
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
| ATTACHMENT 36. |
-----

```

```

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

```

| 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.

| 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED |
BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

PR15
=====

{STR-DT}
{END-DT}

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

[Enter Plan Name] {BOX_04A}
REF -7 {BOX_04A}
DK -8 {BOX_04A}

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
ATTACHMENT 36.

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

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

BOX_04A
=====

| IF ROUND 2, ROUND 3 OR ROUND 4, CONTINUE WITH |
PR16

OTHERWISE, (I.E., IF ROUND 5), GO TO BOX_05

PR16
=====

{STR-DT}
{END-DT}

Is there a monthly premium {for anyone in the family} for the coverage through {{NAME OF PLAN FROM PR15}/{Medicaid/{STATE NAME FOR MEDICAID}}}} or {STATE CHIP NAME}}?

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

READ IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

YES, EVERYONE COVERED PAYS	1	{BOX_04B}
YES, SOME COVERED PAY	2	{PR16A}
NO, NO ONE COVERED PAYS	3	{BOX_05}
REF	-7	{BOX_05}
DK	-8	{BOX_05}

[Code One]

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

```
-----  
| DISPLAY '{NAME OF PLAN FROM PR15}' IF THERE IS |  
| A CURRENT ROUND INSURER ASSOCIATED WITH THE |  
| MEDICAID/SCHIP INSURANCE. OTHERWISE, DISPLAY |  
| '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE |  
| CHIP NAME}' |  
| |  
| DISPLAY '{NAME OF PLAN FROM PR15}' IF A PLAN NAME |  
| WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME |  
| THAT WAS ENTERED. |  
| |  
| DISPLAY 'for anyone in the family' IF MORE THAN |  
| ONE RU MEMBER SELECTED AS COVERED BY MEDICAID/ |  
| SCHIP INSURANCE. 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 STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME TO DISPLAY BY STATE, SEE ATTACHMENT 36.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
ATTACHMENT 36.

| IF CODED '1' (YES, EVERYONE COVERED PAYS) AT PR16 |
| (HOME.PRMEDPRE), CODE PRND.MEDMNTHP FOR EACH |
| PERSON IN THE ROSTER AT PR16A AS '1' (PAYS FOR |
| COVERAGE DURING THE CURRENT ROUND.) |
|

| IF CODED '3' (NO, NO ONE COVERED PAYS) AT PR16 |
| (HOME.PRMEDPRE), CODE PRND.MEDMNTHP FOR EACH |
| PERSON IN THE ROSTER AT PR16A AS '2' (DOES NOT |
| PAY FOR COVERAGE DURING THE CURRENT ROUND.) |
|

| IF CODED -7 OR -8 OR -9 (WHETHER EVERYONE IS |
| COVERED IS MISSING) AT PR16 (HOME.PRMEDPRE), |
| CODE PRND.MEDMNTHP EQUAL TO THE MISSING VALUE |
| IN HOME.PRMEDPRE FOR EACH PERSON IN THE PR16A |
| ROSTER. |
|

| LEAVE PRND.MEDGOVP BLANK (NO VALUE) FOR ANY RU |
| MEMBER NOT ON THE ROSTER AT PR16A. |
|

| THE PR16A ROSTER INCLUDES ALL PERSONS WITH |
| MEDICAID/SCHIP COVERAGE (EPRS.MCAID = 1) IN THE |
CURRENT RU FOR THE CURRENT ROUND.

PR16A
=====

{STR-DT}
{END-DT}

Which family members have a monthly premium for that coverage?

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]

CONTINUE WITH BOX_04B

| 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. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED |
BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

| THE PR16A ROSTER INCLUDES ALL PERSONS WITH |
| MEDICAID/SCHIP COVERAGE (EPRS.MCAID = 1) IN THE |
| CURRENT RU FOR THE CURRENT ROUND. |
| |
| CODE PRND.MEDMNTHP AS '1' (PAYS FOR COVERAGE |
| DURING THE CURRENT ROUND) FOR ALL PERSONS FROM |
| THE PR16A ROSTER WHO ARE SELECTED. |
| |
| CODE PRND.MEDMNTHP AS '2' (DOES NOT PAY FOR |
| COVERAGE DURING THE CURRENT ROUND) FOR ALL PERSONS |
| ON THE PR16A ROSTER WHO ARE NOT SELECTED. |
| |
| LEAVE PRND.MEDGOVP BLANK (NO VALUE) FOR ANY RU |
MEMBER NOT ON THE ROSTER AT PR16A.

BOX_04B
=====

IF ROUND 3, CONTINUE WITH PR17

OTHERWISE, GO TO PR17A

PR17
=====

{STR-DT}
{END-DT}

How much is the premium for {the {NAME OF PLAN FROM PR15}/that}
coverage?

[Enter Amount in Dollars] {PR17OV1}
REF -7 {PR17A}
DK -8 {PR17A}

```
-----  
| DISPLAY 'the {NAME OF PLAN FROM PR15}' IF THERE |  
| IS A CURRENT ROUND INSURER ASSOCIATED WITH THE |  
| MEDICAID/SCHIP INSURANCE. OTHERWISE, DISPLAY |  
| 'that'. |  
| |  
| DISPLAY '{(NAME OF PLAN FROM PR15)}' IF A PLAN NAME |  
| WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME |  
| THAT WAS ENTERED. |  
-----
```

PR17OV1

=====

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

ENTER UNIT OF COVERAGE:

PER YEAR	1	{PR17A}
QUARTERLY/EVERY 3 MONTHS	2	{PR17A}
BIMONTHLY/EVERY 2 MONTHS	3	{PR17A}
PER MONTH	4	{PR17A}
PER WEEK	5	{PR17A}
BIWEEKLY/EVERY 2 WEEKS	6	{PR17A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{PR17A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{PR17A}
OTHER	91	{PR17OV2}
REF	-7	{PR17A}
DK	-8	{PR17A}

[Code One]

PR17OV2

=====

SPECIFY:

[Enter Other Specify]		{PR17A}
REF	-7	{PR17A}
DK	-8	{PR17A}

PR17A
=====

{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PLAN FROM PR15}}

Is the cost of the premium subsidized based on family income?

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

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY '{NAME OF PLAN FROM PR15}' IF A PLAN NAME |
| WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME |
THAT WAS ENTERED.

BOX_05
=====

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

OTHERWISE, GO TO BOX_08

PR19
=====

{STR-DT}
{END-DT}

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

Have all of these people been covered by TRICARE or CHAMPVA at any
time {since {START DATE}/between {START DATE} and {END DATE}}?

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

YES, ALL 1 {PR19A}
NO, ONLY SOME 2 {PR19A}
NO, NONE 3
REF -7 {BOX_08}
DK -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

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

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

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

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

| 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS |
ROUND.

PR19A
=====

{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
REF -7
DK -8

[Code All That Apply]

```
-----  
| IF PR19 IS CODED '1' (YES, ALL), FLAG ALL RU |  
| MEMBERS LISTED HERE AS 'COVERED BY TRICARE/CHAMPVA |  
| DURING CURRENT ROUND.' THEN GO TO BOX_06 |  
-----
```

```
-----  
| IF PR19 IS CODED '2' (NO, ONLY SOME), CONTINUE |  
| WITH PR20 |  
-----
```

PR20

=====

{STR-DT}
{END-DT}

Who has been covered by TRICARE or CHAMPVA {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

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

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

```
-----  
| GO TO BOX_06 |  
-----
```

| 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. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS |
| ROUND. |

BOX_06

=====

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

| OTHERWISE, CONTINUE WITH PR21 |

PR21
=====

{STR-DT}
{END-DT}

Besides the family members we've just talked about, have any additional family members been covered by TRICARE or CHAMPVA {since {START DATE}/between {START DATE} and {END DATE}}?

YES	1 {PR21A}
NO	2
REF	-7
DK	-8

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.

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

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

PR21A
=====

{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 {PR22}
TRICARE Prime; 2 {PR22}
TRICARE Extra; 3 {PR22}
TRICARE for Life; or 4 {PR22}
CHAMPVA? 5 {PR22}
REF -7 {PR22}
DK -8 {PR22}

[Code All That Apply]

PR22
=====

{STR-DT}
{END-DT}

Who has been covered by TRICARE or CHAMPVA {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

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

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

GO TO LOOP_03

| 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. |
1. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT |
| FLAGGED AS COVERED BY TRICARE/CHAMPVA AT ANY TIME |
DURING THE PREVIOUS ROUND.

LOOP_03

=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR03 - END_LP03

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

| NAVIGATOR DETAILS: LOOP_03 USES NAV_PR03 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR03
=====

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 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 BOTH OF THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS TRICARE/CHAMPVA |  
| AND |  
| - PERSON IS COVERED BY TRICARE/CHAMPVA DURING |  
| THE CURRENT ROUND |  
-----
```

```
-----  
| CONTINUE WITH BOX_07 FOR SELECTED RU MEMBER. |  
-----
```

BOX_07

=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |  
| FOR THIS PAIR. |  
| |  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |  
| END_LP03 |  
-----
```

END_LP03

=====

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

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

BOX_08
=====

```
-----  
| IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A |  
| SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS |  
| ROUND, CONTINUE WITH PR23 |  
-----  
  
-----  
| OTHERWISE, GO TO BOX_11 |  
-----
```

PR23
=====

{STR-DT}
{END-DT}

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

Have all of these people been covered by a program sponsored by a
state or local government agency at any time {since {START DATE}/
between {START DATE} and {END DATE}}?

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

YES, ALL 1 {BOX_09}
NO, ONLY SOME 2 {PR24}
NO, NONE 3
REF -7 {BOX_11}
DK -8 {BOX_11}

HELP AVAILABLE FOR DEFINITION OF THIS TYPE OF PROGRAM.

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

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

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

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

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

| 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 DISPLAY OF RU-MEMBERS.

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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE FLAGGED AS |  
| COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME |  
| DURING THE PREVIOUS ROUND. |  
-----
```

PR24

=====

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

Who has been covered by this program {since {START DATE}/between
{START DATE} and {END DATE}}?

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]

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

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

```
-----  
| GO TO BOX_09 |  
-----
```

```
-----  
| 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. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |
PREVIOUS ROUND.

BOX_09
=====

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

OTHERWISE, CONTINUE WITH PR25

PR25
=====

{STR-DT}
{END-DT}

Besides the family members we've just talked about, have any additional family members been covered by this program {since {START DATE}/between {START DATE} and {END DATE}}?

- YES 1 {PR26}
- NO 2
- REF -7
- DK -8

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

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

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

PR26
=====

{STR-DT}
{END-DT}

Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since {START DATE}/between {START DATE} and {END DATE}}?

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

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

GO TO LOOP_04

| 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. |
1. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED |
| AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME |
DURING THE PREVIOUS ROUND.

LOOP_04
=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR04 - END_LP04

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

| NAVIGATOR DETAILS: LOOP_04 USES NAV_PR04 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR04
=====

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

SERIES: Time Covered by {NAME OF PREV RD'S GOVT-HOSPITAL/
PHYSICIAN INSURER FOR RU} 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
{NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER
FOR RU}] [Status-25]
- [2. Coverage duration for [Person's Name-65] through
{NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER
FOR RU}] [Status-25]
- [3. Coverage duration for [Person's Name-65] through
{NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER
FOR RU}] [Status-25]

| FOR 'NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN |
| INSURER FOR RU', DISPLAY THE INSURER RECORDED FOR |
| GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |
PREVIOUS ROUND.

| 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 BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/ |
PHYSICIAN DURING THE CURRENT ROUND

CONTINUE WITH BOX_10 FOR SELECTED RU MEMBER.

BOX_10

=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |  
| FOR THIS PAIR. |  
| |  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |  
| END_LP04 |  
-----
```

END_LP04

=====

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

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

PR27
=====

{STR-DT}
{END-DT}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by
{NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}.}

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

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

YES 1 {PR29}
NO 2 {BOX_10A}
REF -7 {BOX_10A}
DK -8 {BOX_10A}

HELP AVAILABLE FOR A DEFINITION OF THIS TYPE OF PROGRAM.

| DISPLAY 'Last time {NAME OF PREV RD'S GOVT- |
| HOSPITAL/PHYSICIAN INSURER FOR RU}.' IF THERE IS |
| AN INSURER ASSOCIATED WITH GOVT-HOSPITAL/ |
| PHYSICIAN IN THE PREVIOUS ROUND. NOTE: THIS NAME |
| WILL NO LONGER COME FROM THE PLAN FILL FILE. IT |
| WILL BE ENTERED AT EITHER HX44 OR PR31. |
| |
| FOR 'NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN |
| INSURER FOR RU', DISPLAY THE INSURER RECORDED FOR |
| GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |
PREVIOUS ROUND.

| DISPLAY 'Since {START DATE}' IF NOT ROUND 5. |
| DISPLAY 'Between {START DATE} and {END DATE}' IF |
ROUND 5.

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

| 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 DISPLAY OF RU-MEMBERS. |

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO ARE FLAGGED AS |
| COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
| CURRENT ROUND. |

PR29
=====

{STR-DT}
{END-DT}

Under 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 {PR31}
YES, SOME ARE 2 {PR31}
NO, NONE ARE 3 {PR30}
REF -7 {PR30}
DK -8 {PR30}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.

| DISPLAY 'between {START DATE} and {END DATE}' IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY |
'(were/was)' IF ROUND 5.

| 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 DISPLAY OF RU-MEMBERS.

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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY |  
| GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND. |  
-----
```

PR30
=====

{STR-DT}
{END-DT}

{Does/Between {START DATE} and {END DATE}, did} 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 {PR31}
YES, SOME REQUIRED 2 {PR31}
NO, NONE REQUIRED 3 {BOX_10A}
REF -7 {BOX_10A}
DK -8 {BOX_10A}

[Code One]

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. |  
-----
```

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

| ROSTER 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY |
GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.

PR31
=====

{STR-DT}
{END-DT}

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

[Enter Plan Name] {BOX_10A}
REF -7 {BOX_10A}
DK -8 {BOX_10A}

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

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

BOX_10A
=====

```
-----  
| IF ROUND 2, ROUND 3 OR ROUND 4, CONTINUE WITH PR32 |  
-----
```

```
-----  
| OTHERWISE, (I.E., IF ROUND 5), GO TO BOX_11 |  
-----
```

PR32
=====

{STR-DT}
{END-DT}

Is there a monthly premium {for anyone in the family} for the coverage through {{NAME OF PLAN FROM PR31}/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.]

READ IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health coverage. It does not include copays or other expenses such as prescription costs.

YES, EVERYONE COVERED PAYS 1 {BOX_10B}
YES, SOME COVERED PAY 2 {PR32A}
NO, NO ONE COVERED PAYS 3 {BOX_11}
REF -7 {BOX_11}
DK -8 {BOX_11}

[Code One]

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

```
-----  
| DISPLAY '{NAME OF PLAN FROM PR31}' IF THERE IS A |  
| CURRENT ROUND INSURER ASSOCIATED WITH THE |  
| GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |  
| DISPLAY 'the program sponsored ...'. |  
| |  
| DISPLAY '{NAME OF PLAN FROM PR31}' IF A PLAN NAME |  
| WAS ENTERED AT PR31. DISPLAY THE ACTUAL PLAN NAME |  
| THAT WAS ENTERED. |  
| |  
| DISPLAY 'for anyone in the family' IF MORE THAN |  
| ONE RU MEMBER SELECTED AS COVERED BY GOVT- |  
| HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A |  
| NULL DISPLAY. |  
-----
```

| IF CODED '1' (YES, EVERYONE COVERED PAYS) AT PR32 |
| (HOME.PRMEDPRE), CODE PRND.GOVMNTHP FOR EACH |
| PERSON IN THE ROSTER AT PR32A AS '1' (PAYS FOR |
| COVERAGE DURING THE CURRENT ROUND.). |
| |
| IF CODED '3' (NO, NO ONE COVERED PAYS) AT PR32 |
| (HOME.PRMEDPRE), CODE PRND.GOVMNTHP FOR EACH |
| PERSON IN THE ROSTER AT PR32A AS '2' (DOES NOT |
| PAY FOR COVERAGE DURING THE CURRENT ROUND.) |
| |
| IF CODED -7 OR -8 OR -9 (WHETHER EVERYONE IS |
| COVERED IS MISSING) AT PR32 (HOME.PRMEDPRE), CODE |
| PRND.GOVMNTHP EQUAL TO THE MISSING VALUE IN |
| HOME.PRMEDPRE FOR EACH PERSON IN THE PR32A ROSTER. |
| |
| LEAVE PRND.MEDGOVP BLANK (NO VALUE) FOR ANY RU |
| MEMBER NOT ON THE ROSTER AT PR32A. |
| |
| THE PR32A ROSTER INCLUDES ALL PERSONS WITH |
| GOVT-HOSPITAL/PHYSICIAN PROGRAM COVERAGE |
| (EPRS.GOVTPROG = 1) IN THE CURRENT RU FOR THE |
| CURRENT ROUND. |

PR32A
=====

{STR-DT}
{END-DT}

Which family members have a monthly premium for that coverage?

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]

CONTINUE WITH BOX_10B

| 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. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND. |

| ROSTER FILTER: |
| THE PR32A ROSTER INCLUDES ALL PERSONS WITH |
| GOVT-HOSPITAL/PHYSICIAN PROGRAM COVERAGE |
| (EPRS.GOVTPROG = 1) IN THE CURRENT RU FOR THE |
| CURRENT ROUND. |
| |
| CODE PRND.GOVMNTHP AS '1' (PAYS FOR COVERAGE |
| DURING THE CURRENT ROUND) FOR ALL PERSONS FROM |
| THE PR32A ROSTER WHO ARE SELECTED. |
| |
| CODE PRND.GOVMNTHP AS '2' (DOES NOT PAY FOR |
| COVERAGE DURING THE CURRENT ROUND) FOR ALL |
| PERSONS ON THE PR32A ROSTER WHO ARE NOT SELECTED. |
| |
| LEAVE PRND.MEDGOVP BLANK (NO VALUE) FOR ANY RU |
| MEMBER NOT ON THE ROSTER AT PR32A. |

BOX_10B
=====

```
-----  
| IF ROUND 3, CONTINUE WITH PR33 |  
-----  
  
-----  
| OTHERWISE, GO TO PR33A |  
-----
```

PR33
=====

{STR-DT}
{END-DT}

How much is the premium for {the {NAME OF PLAN FROM PR31}/that}
coverage?

[Enter Amount in Dollars] {PR33OV1}
REF -7 {PR33A}
DK -8 {PR33A}

```
-----  
| DISPLAY 'the {NAME OF PLAN FROM PR31}' IF THERE |  
| IS A CURRENT ROUND INSURER ASSOCIATED WITH THE |  
| GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |  
| DISPLAY 'that'. |  
| |  
| DISPLAY '{NAME OF PLAN FROM PR31}' IF A PLAN NAME |  
| WAS ENTERED AT PR31. DISPLAY THE ACTUAL PLAN NAME |  
| THAT WAS ENTERED. |  
-----
```

PR330V1
=====

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

ENTER UNIT OF COVERAGE:

PER YEAR	1	{PR33A}
QUARTERLY/EVERY 3 MONTHS	2	{PR33A}
BIMONTHLY/EVERY 2 MONTHS	3	{PR33A}
PER MONTH	4	{PR33A}
PER WEEK	5	{PR33A}
BIWEEKLY/EVERY 2 WEEKS	6	{PR33A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{PR33A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{PR33A}
OTHER	91	{PR330V2}
REF	-7	{PR33A}
DK	-8	{PR33A}

[Code One]

PR330V2
=====

SPECIFY:

[Enter Other Specify]		{PR33A}
REF	-7	{PR33A}
DK	-8	{PR33A}

PR33A
=====

{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PLAN FROM PR31}}

Is the cost of the premium subsidized based on family income?

YES	1	{BOX_10C}
NO	2	{BOX_10C}
REF	-7	{BOX_10C}
DK	-8	{BOX_10C}

```
-----  
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |  
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |  
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL |  
| DISPLAY. |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR |  
| '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

BOX_10C

=====

```
-----  
| IF ROUND 3 |  
| AND |  
| IF HX15A WAS CODED '1' (YES, PLAN IS EXCHANGE) |  
| THE ROUND THE GOV'T-HOSPITAL/PHYSICIAN INSURANCE |  
| WAS CREATED |  
| AND |  
| PR32 IS CODED '1' (YES, EVERYONE COVERED PAYS) OR |  
| '2' (YES, SOME COVERED PAY), |  
| CONTINUE WITH PR34 |  
-----
```

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

PR34
=====

{STR-DT}
{END-DT}
Is {the {NAME OF PLAN FROM PR31} plan/this plan} a platinum, gold,
silver, bronze or catastrophic plan?

PLATINUM PLAN 1 {BOX_11}
GOLD PLAN 2 {BOX_11}
SILVER PLAN 3 {BOX_11}
BRONZE PLAN 4 {BOX_11}
CATASTROPHIC PLAN 5 {BOX_11}
IF VOLUNTEERED: SOMETHING ELSE 6 {BOX_11}
REF -7 {BOX_11}
DK -8 {BOX_11}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY 'the {NAME OF PLAN FROM PR31} plan' IF |
| THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH |
| THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| DISPLAY 'this plan'. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR |
| '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS |
ENTERED.

BOX_11
=====

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

OTHERWISE, GO TO BOX_18

BOX_12

=====

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

OTHERWISE, GO TO BOX_15

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

PR35
=====

{STR-DT}
{END-DT}

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

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

Have all of these people been covered by any of these programs at
any time {since {START DATE}/between {START DATE} and {END DATE}}?

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

YES, ALL 1 {BOX_13}
NO, ONLY SOME 2 {PR36}
NO, NONE 3
REF -7 {BOX_15}
DK -8 {BOX_15}

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |
| STATE PROGRAMS (AS LISTED IN ATTACHMENT 36) FOR |
'STATE NAME FOR PROGRAM #N'.

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

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

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

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

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

| 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING |
THE PREVIOUS ROUND.

PR36
=====

{STR-DT}
{END-DT}

Who has been covered by any of these programs {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

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

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

GO TO BOX_13

| 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. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING |
THE PREVIOUS ROUND.

BOX_13
=====

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

OTHERWISE, CONTINUE WITH PR37

PR37
=====

{STR-DT}
{END-DT}

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

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

YES	1	{PR38}
NO	2	
REF	-7	
DK	-8	

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

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

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

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

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

PR38
=====

{STR-DT}
{END-DT}

Who has been covered by any of these programs {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

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

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

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. |
1. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED |
| AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE |
AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_05

=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR05 - END_LP05

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

| NAVIGATOR DETAILS: LOOP_05 USES NAV_PR05 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR05
=====

STATE SPECIFIC PROGRAM {STR-DT}

SERIES: Time Covered by STATE SPECIFIC PROGRAM 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
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 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 BOTH OF THE  
| FOLLOWING CONDITIONS:  
| - ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE  
| AND  
| - PERSON IS COVERED BY GROUP 1 OTHER PUBLIC  
| INSURANCE DURING THE CURRENT ROUND  
|-----
```

```
-----  
| CONTINUE WITH BOX_14 FOR SELECTED RU MEMBER.  
|-----
```

BOX_14

=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION  
| FOR THIS PAIR.  
|  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH  
| END_LP05  
|-----
```

END_LP05

=====

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

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

BOX_15
=====

```
-----  
| IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 |  
| OTHER PUBLIC INSURANCE AT ANY TIME DURING THE |  
| PREVIOUS ROUND, CONTINUE WITH PR39 |  
-----  
  
-----  
| OTHERWISE, GO TO BOX_18 |  
-----
```

PR39
=====

{STR-DT}
{END-DT}

SHOW CARD HX-11.

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

Have all of these people been covered by any of these programs at any time {since {START DATE}/between {START DATE} and {END DATE}}?

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

YES, ALL 1 {BOX_16}
NO, ONLY SOME 2 {PR40}
NO, NONE 3
REF -7 {BOX_18}
DK -8 {BOX_18}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

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

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

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

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

| 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 DISPLAY OF RU-MEMBERS.

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING |
THE PREVIOUS ROUND.

PR40
=====

{STR-DT}
{END-DT}

SHOW CARD HX-11.

Who has been covered by any of these programs {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

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

GO TO BOX_16

| 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. MULTIPLE SELECT ALLOWED. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
-----
```

```
-----  
| ROSTER FILTER: |  
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |  
| GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING |  
| THE PREVIOUS ROUND. |  
-----
```

BOX_16
=====

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

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

PR41
=====

{STR-DT}
{END-DT}

SHOW CARD HX-11.

Besides the family members we've just talked about, have any additional family members been covered by any of these programs {since {START DATE}/between {START DATE} and {END DATE}}?

YES	1 {PR42}
NO	2
REF	-7
DK	-8

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

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

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

PR42

=====

{STR-DT}
{END-DT}

SHOW CARD HX-11.

Who has been covered by any of these programs {since {START DATE}/
between {START DATE} and {END DATE}}?

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]

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

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

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. |
1. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED |
| AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT |
ANY TIME DURING THE PREVIOUS ROUND.

LOOP_06

=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_PR06 - END_LP06

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

| NAVIGATOR DETAILS: LOOP_06 USES NAV_PR06 TO |
TO CONTROL THE FLOW OF THE LOOP.

NAV_PR06

=====

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 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
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 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 BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE |
| AND |
| - PERSON IS COVERED BY GROUP 2 OTHER PUBLIC |
INSURANCE DURING THE CURRENT ROUND

CONTINUE WITH BOX_17 FOR SELECTED RU MEMBER.

BOX_17
=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
| FOR THIS PAIR. |
| |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP06

END_LP06

=====

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

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

BOX_18

=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.