BOX 00 (PR1005) Item Type: Route Type Class: If Then

Route Details:

01 Box= BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_50, BOX_60, BOX_70, BOX_80, BOX_90, BOX_100, BOX_110, BOX_120, BOX_130, BOX_140, BOX_150, BOX_160, BOX_170, BOX_180, BOX_190, BOX_200, BOX_210, BOX_220, BOX_230, BOX_240

02 Loop= LOOP 10

03 End Loop= END LP10

05- Single select with Display Roster= PR10, PR30, PR40, PR50, PR70, PR80, PR90, PR100, PR110, PR130, PR140, PR150_01, PR160_01, PR170, PR180, PR190, PR210, PR240, PR250, PR260_01, PR270_01, PR290_01, PR300_01, PR310_01, PR320_01, PR330, PR340, PR350, PR370, PR400, PR410, PR420

09 -Multi select with Display Roster = PR280_01, PR380

10 Multiple Select with Fill in Answer Text= PR220

17 Dollar Items Allowing Cents= PR60, PR120, PR230, PR390

20 OS Text Field= PR70OS, PR130OS, PR240OS, PR400OS

23 Text Field= PR20, PR200, PR360

BOX 10 (PR1010) Item Type: Route Type Class: If Then

Route Details: Context header display instructions:

Display Person.FullName, Insurance.HISrcName

General Display Instructions for Question Text:

For '{START DATE}', display the RU level reference period start date (typically-but not always Jan 1 if Round 1 or the previous round interview date if Rds 2-5). Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variable BegRefDt.

For '{END DATE}', display the RU level reference period end date (typically but not always current round interview date if Rds 1-4 or Dec 31 if Round 5). Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variable EndRefDt.

For '{PERSON'S START DATE}', display the person level reference period start date. Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variables Person.BegRefM, Person.BegRefD, Person.BegRefY.

For '{PERSON'S END DATE}', display the person level reference period end date. Display as full month, xx, YYYY - e.g., "January 1, 2016". Use variables Person.EndRefM, Person.EndRefD, Person.EndRefY.

Unless there is a more specific fill instruction provided at the item level, for any fill using the variable 'Insurance.Insurer', display the text entry stored or display "Refused Insurer" if Insurance.Insurer=RF or display "Don't Know Insurer" if Insurance.Insurer=DK. Items using Insurance.Insurer include PR170, PR210, PR230, PR240, PR240OS, PR250, PR330, PR370, PR390, PR400, PR400OS, PR410, PR420.

BOX 20 (PR1015) Item Type: Route Type Class: If Then

Route Details: If at least one person was covered by Medicare during the previous round

(Insurance.HISrc=Medicare and Insurance.OrigRnd<>Current round), continue with

LOOP 10.

Otherwise, go to BOX 30.

<u>LOOP 10</u> (PR1020) Item Type: Route Type Class: Begin Loop

Route Details: For each insurance, ask PR10-END_LP10.

Loop definition: LOOP_10 collects information about the coverage provided through Medicare. This loop cycles on insurance that meets both of the following conditions:

- Establishment is Medicare (Insurance.HISrc=Medicare) and
- Person was covered by Medicare at anytime during the previous round (Insurance.OrigRnd<>Current round).

PR10 (PR1025) **BLAISE NAME:** MAMCPlan **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TYESNO** Answers allowed: 1 ArrayMax: Max value: \square Show Card () ✓ Help Available (CAREMANAGEHelp) ☐ Look Up File () {PERSON'S FIRST MIDDLE AND LAST NAME} **Context Header: Question Text:** {{Are/Is} {you/{PERSON}}} currently/As of {PERSON'S 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.

HELP: F1

Responses: YES PR20 (PR1030) 2 NO (PR1070) PR90 **REFUSED** ----- RF PR90 (PR1070) DON'T KNOW DK PR90 (PR1070) **Display Instructions:**

Instructions:

Display '{Are/Is} {you/{PERSON}} currently' if not round 5. Display 'As of {PERSON'S

END DATE}, {were/was} {you/{PERSON}}' if round 5.

PR20 (PR1030) BLAISE NAME: MAMCPlanName **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Field Size: 25 String **Answer Type:** {Continuous Answer.} **Answers allowed:** 1 Max value: ArrayMax: ☐ Look Up File () ☐ Help Available () \square Show Card () {PERSON'S FIRST MIDDLE AND LAST NAME} **Context Header: Question Text:** What {is/was} the name of {your/{PERSON}'s} Medicare managed care plan {as of {PERSON'S END DATE}}? ENTER PLAN NAME **Responses:** PR30 (PR1035) (PR1035) ----- RF REFUSED PR30 ----- DK PR30 DON'T KNOW (PR1035) Set Insurance.Insurer to PR20. **Programmer Instructions: Display**

Display 'is' if not round 5. Display 'was' if round 5.

Display 'as of {PERSON'S END DATE}' if round 5. Otherwise, use a null display.

<u>PR30</u>	(PR1035)	BLAISE NAME: MAN	I CPmed	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:
☐ Help Available ()	☐ Show Card (□ Look Up File ()
Context Header:	{PERSON'S F	IRST MIDDLE AND LAST	NAME}	
Question Text:				
{{Do/Does}/Did} {	you/{PERSON}}	have prescribed medicine c	overage through {	{NAME OF PLAN FROM
PR20}/{your/his/her	r} Medicare mana	aged care plan} {as of {PER	SON'S END DA	TE}}?
Responses:	YES		1	
			-	
	DON'T KNOW	V	DK	
Programmer		ntinue with PR40.		
Instructions:	Otherwise, go	to END_LP10.		
Display				
Instructions:	Display '{Do/L	Does}' if not round 5. Display	y 'Did' if round 5.	
		Medicare managed care pla		was entered at PR20. Display ed 'RF' (REFUSED) or 'DK'
	Display the act	-	20 for 'NAME Ol	F PLAN FROM PR20' if a plan
	Display 'as of {	PERSON'S END DATE}	if round 5. Others	wise, use a null display.

(PR1105)

(PR1105)

Full Detail Spec

BLAISE NAME: MAMCPavPrem **PR40** (PR1040) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Field Size: Enumerated **Answer Type: TYESNO** Answers allowed: 1 ArrayMax: Max value: ✓ Help Available (PREMPAYHelp) ☐ Show Card () ☐ Look Up File () {PERSON'S FIRST MIDDLE AND LAST NAME} **Context Header: Question Text:** 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 PR20}/ 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.] HELP: F1 Responses: YES 1 PR50 (PR1045) NO END LP10 (PR1105)

Display Instructions:

Display 'the coverage with {NAME OF PLAN FROM PR20}' if a Medicare plan name entered at PR20. Display 'this Medicare managed care plan' if PR20 was coded 'RF'

..... DK END LP10

----- RF END_LP10

(REFUSED) or 'DK' (DON'T KNOW).

Display the actual plan name entered at PR20 for 'NAME OF PLAN FROM PR20' if a plan

name was entered.

REFUSED

DON'T KNOW

PR50	(PR1045) <u>I</u>	BLAISE NAME: MAM	CHowPaid		
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min valu	ie:
Type Class:	Enumerated	Field Size:			
Answer Type:	THOWPAYMCARE	Answers allowed: 1	ArrayMa	x: Max val	ue:
☐ Help Available (☐ Show Card ()		Look Up File ()
Context Header:	{PERSON'S FIRST	MIDDLE AND LAST	NAME}		
Question Text:					
How {do/does} {your care} premium?	u/{PERSON}} pay fo	r {your/his/her} {{NAM	E OF PLAN	FROM PR20}/	Medicare managed
	AY: Is the Medicare a provider, or paid both	Advantage premium paic ways?	l through {ye	our/his/her} Soci	al Security check,
Responses:	DEDUCTED FROM	M SOCIAL SECURITY	1	PR60	(PR1050)
	PAY DIRECTLY		2	PR60	(PR1050)
	BOTH		3	PR60	(PR1050)
	REFUSED		RF	END_LP10	(PR1105)
	DON'T KNOW		DK	END_LP10	(PR1105)
Display Instructions:	1 .	OF PLAN FROM PR20}' managed care' if PR20 w			
	Display the actual p	plan name entered at PR2	0 for 'NAM	E OF PLAN FRO	OM PR20' if a plan

name was entered.

<u>PR60</u>	(PR1050) <u>H</u>	BLAISE NAME	MAMCCovgA	mt	
Item Type:	Question	Field kind: Dat	afield Array	Min:	Min value: 0
Type Class:	Real	Field Size: 9,2			
Answer Type:	{Continuous Answer	.) Answers allo	wed: 1 Array	yMax:	Max value: 999999.99
☐ Help Available ()	☐ Show	Card ()		☐ Look Up File ()
Context Header:	{PERSON'S FIRST	MIDDLE AND	LAST NAME}		
Question Text:					
	:/{PERSON}'s} Socia NAME OF PLAN FRO			you/{PERS	SON}} pay in premiums}
IF RESPONDENT I	S NOT SURE, DO N	OT PROBE. CO	DE 'DON'T KN	NOW'.	
ENTER AMOUNT					
Responses:				1 PR70	(PR1055)
	REFUSED]	RF PR80	(PR1065)
	DON'T KNOW		I	OK PR80	(PR1065)
Programmer Instructions:	Allow for an entry of	of dollars and cer	nts.		
Display Instructions:	Display PR60, PR70	and PR70OS on	the same form բ	oane.	
		ECURITY'. Displ	ay {do/does} {y	you/{PERS	R50 is coded '1' (DEDUCTED ON}} pay in premiums' if
					name was entered at PR20. DON'T KNOW)), use a null
	Display the actual p name was entered.	olan name entered	l at PR20 for 'N	AME OF P	LAN FROM PR20' if a plan

PR70 Item Type: Type Class:	(PR1055) Question Enumerated	BLAISE NAME: MAMO Field kind: Datafield Field Size:	CCovgUnit ArrayMin	n: Min value:	
Answer Type:	TCOVERAGETIMI		ArrayMa	x: Max value	:
☐ Help Available ()	☐ Show Card ()		ook Up File ()
Context Header:	{PERSON'S FIRS	T MIDDLE AND LAST	NAME}		
Question Text:					
	ır/{PERSON}'s} Soc NAME OF PLAN FR	ial Security deduction/{deROM PR20} plan?]	o/does} {you	ı/{PERSON}} pay	in premiums}
Is that per year, per	month, per week, or v	what?			
ENTER UNIT OF C	COVERAGE				
Responses:	EVERY 3 MONTI EVERY 2 MONTI PER MONTH PER WEEK EVERY 2 WEEKS 2 TIMES PER YE 2 TIMES PER MO OTHER REFUSED	HS (QUARTERLY) HS (BIMONTHLY) G (BIWEEKLY) AR (SEMI-ANNUALLY) NTH (SEMI-MONTHLY	2	END_LP10 END_LP10 END_LP10 END_LP10 END_LP10 END_LP10 END_LP10 END_LP10 END_LP10 PR70OS END_LP10 END_LP10	(PR1105) (PR1105) (PR1105) (PR1105) (PR1105) (PR1105) (PR1105) (PR1105) (PR1060) (PR1105) (PR1105)
Display Instructions:	Display the first particle Display is {your/{FROM SOCIAL SPR50 is coded '2' (Display '{NAME Ootherwise (i.e., if I display.	70 and PR70OS on the saturagraph of question text in PERSON}'s Social Security PERSON}'s Social Security PERSON PERSON PRECTLY PERSON PROMED P	n brackets a crity deduction by does } {your BOTH). if a Medican FUSED) or	nd grayed out text. on' if PR50 is coded /{PERSON}} pay re plan name was en DK' (DON'T KNO	in premiums' if ntered at PR20. W)), use a null

PR70OS Item Type:	(PR1060) Question	Field kind	AME: MAMO: l: Datafield	CCovgUnitO ArrayMin		e:
Type Class: Answer Type:	String {Continuous Ar	Field Size aswer. Answer		ArrayMax	x: Max valu	ıe:
☐ Help Available ()		Show Card ()		Look Up File ()
Context Header:	{PERSON'S F	FIRST MIDDLE	AND LAST	NAME}		
Question Text:						
[How much {is {you for {your/his/her} {]	. , ,	•	•	o/does} {you	/{PERSON}} pa	y in premiums}
SPECIFY: OTHER	UNIT OF COV	ERAGE				
Responses:					END_LP10	(PR1105)
		V			END_LP10 END_LP10	(PR1105) (PR1105)
Display Instructions:	Display PR60,	PR70 and PR700	OS on the sam	e form pane.		
	Display the fir	st paragraph of o	question text i	n brackets an	d grayed out tex	t.
	FROM SOCIA		. Display '{do	/does} {you/		ed '1' (DEDUCTED y in premiums' if
						entered at PR20. OW)), use a null
	Display the ac	-	ntered at PR2	0 for 'NAME	E OF PLAN FRO	M PR20' if a plan

PR80 BLAISE NAME: MAMCCovgRng (PR1065) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Field Size: Enumerated **Answer Type:** TCOSTPLANMONTH Answers allowed: 1 ArrayMax: Max value: ☐ Help Available () ✓ Show Card (HX-5) ☐ Look Up File () {PERSON'S FIRST MIDDLE AND LAST NAME} **Context Header: Ouestion Text:** {PLAN NAME: {NAME OF PLAN FROM PR20}} Which category on card HX-5 best indicates the cost of this plan per month? \$1-\$50 **Responses:** END LP10 (PR1105) \$51-\$100 2 END_LP10 (PR1105) \$101-\$200 3 END_LP10 (PR1105) 4 END LP10 \$201-\$300 (PR1105) 5 END LP10 \$301 OR MORE (PR1105) ----- RF **REFUSED** END LP10 (PR1105) ----- DK DON'T KNOW END_LP10 (PR1105) **Display** Display 'PLAN NAME: {NAME OF PLAN FROM PR20}' if a Medicare plan name was **Instructions:** entered at PR20. Otherwise (i.e., if PR20 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW)), use a null display.

Display the actual plan name entered at PR20 for 'NAME OF PLAN FROM PR20' if a plan

PR90	(PR1070)	BLAISE NAME: MAMO	CPartD			
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min valu	e:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TYESNO	Answers allowed: 1	ArrayMa	x: Max val	ie:	
✓ Help Available	(PartDHelp)	☐ Show Car	rd ()		Look Up File ()
Context Header:	{PERSON'S F	TIRST MIDDLE AND LAST	NAME}			
Question Text:						
	,, ,,	SON}} enrolled in Medicare loon'S END DATE}}?	Part D, also	known as the Me	dicare	
					HELP: F	1
Responses:	YES		1			
	NO		2	END_LP10	(PR1105)	
	REFUSED		RF	END_LP10	(PR1105)	
	DON'T KNOW	V	DK	END_LP10	(PR1105)	
Programmer Instructions:		(ES) and Round 3, continue wooded '1' (YES) and rounds 2		to END_LP10.		
Display Instructions:	= -	Is }' if not round 5. Display '{ END DATE }' if round 5. Oth		_	ay 'as of	

Answer Type: TYESNO Answers allowed: 1 ArrayMax: Max value:

Field Size:

✓ Help Available (PREMPAYHelp) ☐ Show Card () ☐ Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME}

Enumerated

Question Text:

Type Class:

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

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

HELP: F1

Responses: (PR1080) YES PR110 NO 2 (PR1105) END_LP10 RF REFUSED END LP10 (PR1105) DK END LP10 DON'T KNOW (PR1105)

Display Instructions:

<u>PR110</u>	(PR1080)	BLAISE NA	<u>ME:</u> MAM(CHowPayPa	rtD	
Item Type:	Question	Field kind:	Datafield	ArrayMiı	n: Min value:	
Type Class:	Enumerated	Field Size:				
Answer Type:	THOWPAYMCARE	Answers	allowed: 1	ArrayMa	x: Max value	:
☐ Help Available ()		how Card ()		ook Up File ()
Context Header:	{PERSON'S FIRS	Γ MIDDLE A	AND LAST	NAME}		
Question Text: How {do/does} {you	u/{PERSON}} pay fo	r {your/his/h	er} Part D p	remium?		
	AY: Is the Medicare of to the provider, or pain			aid through	{your/his/her} Soc	ial Security
Responses:				2 3 RF	PR120 PR120 PR120 END_LP10 END_LP10	(PR1085) (PR1085) (PR1085) (PR1105) (PR1105)
Display Instructions:						

PR120	(PR1085)	BLAISE NA	ME: MAMC	AmtPayPa	rtD		
Item Type:	Question	Field kind:	Datafield	ArrayMin	n: M	in value: 0	
Type Class:	Real	Field Size:	9,2				
Answer Type:	{Continuous Answ	er.} Answers	allowed: 1	ArrayMa	x : N	Iax value: 999999.99	
☐ Help Available ()	\square SI	how Card ()		☐ Look Up File ()
Context Header:	{PERSON'S FIR	ST MIDDLE A	AND LAST N	NAME}			
Question Text:							
How much {is {your for {your/his/her} Pa	. , ,	cial Security de	duction/{do/	does} {you	/{PERSO	N}} pay in premiums}	
IF RESPONDENT I	S NOT SURE, DO	NOT PROBE.	CODE 'DO	N'T KNOW	1.		
ENTER AMOUNT							
Responses:				1	PR130	(PR1090)	
	REFUSED			RF	PR140	(PR1100)	
	DON'T KNOW			DK	PR140	(PR1100)	
Programmer Instructions:	Allow for the entr	ry of dollars an	d cents.				
Display Instructions:	Display PR120, F	PR130, PR1300	OS on the san	ne form par	ne.		
	Display 'is {your/ (DEDUCTED FF premiums' if PR1	ROM SOCIAL	SECURITY)	. Display '{	do/does}	{you/{PERSON}} pay in	ì

PR130	(PR1090)	BLAISE NAME: MAMCU	JnitPayPa	rtD	
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min val	ue:
Type Class:	Enumerated	Field Size:			
Answer Type:	TCOVERAGETIM	E Answers allowed: 1	ArrayMa	x: Max va	lue:
☐ Help Available ()	☐ Show Card ()		Look Up File ()
Context Header:	{PERSON'S FIRS	ST MIDDLE AND LAST N.	AME}		
Question Text:					
[How much {is {you for {your/his/her} P		cial Security deduction/{do/d	loes} {you	ı/{PERSON}} j	pay in premiums}
Is that per year, per	month, per week, or	what?			
ENTER UNIT O	F COVERAGE				
Responses:	PER YEAR		1	END_LP10	(PR1105)
	EVERY 3 MONT	HS (QUARTERLY)	2	END_LP10	(PR1105)
	EVERY 2 MONT	HS (BIMONTHLY)	3	END_LP10	(PR1105)
	PER MONTH		4	END_LP10	(PR1105)
	PER WEEK		5	END_LP10	(PR1105)
	EVERY 2 WEEKS	S (BIWEEKLY)	6	END_LP10	(PR1105)
	2 TIMES PER YE	EAR (SEMI-ANNUALLY)	7	END_LP10	(PR1105)
	2 TIMES PER MO	ONTH (SEMI-MONTHLY)	8	END_LP10	(PR1105)
	OTHER		91	PR130OS	(PR1095)
	REFUSED		RF	END_LP10	(PR1105)
	DON'T KNOW		DK	END_LP10	(PR1105)
Display Instructions:	Display PR120, Pl	R130, PR130OS on the same	e form pai	ne.	
	Display the "How out text.	much{is {your/{PERSON}}	's} Social	Security" in	brackets and grayed
	(DEDUCTED FR	PERSON}'s} Social Securit OM SOCIAL SECURITY). 10 is coded '2' (PAY DIREC'	Display '{	do/does} {you/	

_						
<u>PR130OS</u>	(PR1095)	BLAISE NA	ME: MAMC	'UnitPayPaı	tDOS	
Item Type:	Question	Field kind:	Datafield	ArrayMii	n: Min	value:
Type Class:	String	Field Size:	25			
Answer Type:	{Continuous Answe	r.) Answers	allowed: 1	ArrayMa	x: Max	value:
☐ Help Available ()		how Card ()		☐ Look Up File ()
Context Header:	{PERSON'S FIRS	ST MIDDLE A	AND LAST 1	NAME}		
Question Text:						
[How much {is {your for {your/his/her} Pa	nr/{PERSON}'s} Soc art D plan?]	cial Security d	eduction/{do	/does} {you	ı/{PERSON	}} pay in premiums}
SPECIFY: OTHER	UNIT OF COVERA	GE				
Responses:				1	END_LP10	(PR1105)
	REFUSED			RF	END_LP10	(PR1105)
	DON'T KNOW			DK	END_LP10	(PR1105)
Display Instructions:	Display PR120, Pl	R130, PR1300	OS on the sar	ne form par	ie.	
	Display the "How out text.	much{is {you	ır/{PERSON	3's Social	Security"	in brackets and grayed
	Display 'is {your/{ (DEDUCTED FRO premiums' if PR11	OM SOCIAL	SECURITY). Display '{	do/does} {ye	is coded '1' ou/{PERSON}} pay in

PR140 Item Type: Type Class:	(PR1100) Question Enumerated	BLAISE NAME: MAMC Field kind: Datafield Field Size:	RngPayPar ArrayMi i	
Answer Type:	TCOSTPLANMON	NTH Answers allowed: 1	ArrayMa	x: Max value:
☐ Help Available ()	✓ Show Card (HX	(-6)	☐ Look Up File ()
Context Header:	{PERSON'S FIR	ST MIDDLE AND LAST N	NAME}	
Question Text: HX-6				
Which category on o	eard HX-6 best indic	eates the cost of this plan pe	r month?	
Responses: Display Instructions:	\$31-\$60 \$61-\$90 \$91-\$120 \$121 OR MORE		2 3 4 5 RF	END_LP10 (PR1105)
END LP10	(PR1105)	Item Type: Route	Type C	lass: If Then
Route Details:	•	urance that meets the condit		in the loop definition. OOP_10 and continue with BOX_

BOX 30	(PR1110)	Item Type: Route	Type Class:	: If Then
Route Details:	previous roun Preload.Insura Preload.Covd	mber had Medicaid/SCHIP and (at least one RU member wance.Plcyhldr=PersID where Pers.LRndCovd ={previous ance.OrigRnd<>current round to BOX_90.	here Preload.Insu Person.MostRecer round number} and	rance.HISrc=Medicaid, ntRU=RUUnit and d
<u>PR150_01</u>	(PR1115)	BLAISE NAME: Conf	Caid	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed:	ArrayMax:	Max value:
✓ Help Available	(MEDICATHelp)	Card ()	☐ Look Up File ()
Question Text:				
		ed that {PERSON 1}, {PERS STATE NAME FOR MEDI		
		covered by {Medicaid/{STATART DATE}/between {ST		
				HELP: F1
Responses:	YES		1	
-	NO		2	
	REFUSED		RF	
	DON'T KNO	W	DK	

Programmer Instructions:

 $Preloaded\ grid\ type\ 1: forced\ navigation\ including\ PR150_01,\ PR150_02,\ PR150_03,\ PR150$

_04, PR150_N.

After grid completion, continue with BOX 40.

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members who were "COVERED BY MEDICAID/SCHIP" at any time during the previous round (RU members where Preload.Insurance.HISrc=Medicaid, Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd ={previous round number}.

For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY MEDICAID/SCHIP" at any time during the previous round. Display first names only. Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'was' if only one name is listed and that person is not the current respondent. Otherwise, display 'were'.

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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR150_02: What about {PERSON 2}?

PR150 03: What about {PERSON 3}?

PR150_04: What about {PERSON N}? Has {he/she} been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START DATE}/between {START DATE} and {END DATE}}?

PR150_N: Repeat question text PR150_02-PR150_N for as many RU members that fit the

roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR150_02 – PR150_N. Display in bold black and no brackets when on PR150_01. Display in bold black and no brackets when on PR150_01.

BOX 40	(PR1120)	Item Type: Route	Type Class:	If Then
Route Details:		J members are displayed at tinue with PR160_01.	PR150_01-PR150)_N, go to BOX_50.
PR160 01 Item Type: Г уре Class:	(PR1125) Question Enumerated	BLAISE NAME: OthM Field kind: Datafield Field Size:	mbCaid ArrayMin:	Min value:
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:
✓ Help Available	(MEDICATHelp)		Card ()	☐ Look Up File ()
been covered by {N	Medicaid/{STATE		or {STATE CHI	al household members have P NAME} at any time {since
•	,	vered by {Medicaid/{STAT ART DATE}/between {ST		, ,
				HELP: F1
Responses:	NO		2 RF	

MEPS_V2 Full Detail Spec

Programmer Instructions:

Preloaded Grid type 1: Forced navigation including PR160_01, PR160_02, PR160_03, PR160_04 PR160_N

PR160_04, PR160_N.

After grid completion, continue with BOX 50.

For each person coded '1' (YES), create insurance through Medicaid/SCHIP for this person

[set Insurance.HIPubPriv=Public and Insurance.HISrc=Medicaid and

Insurance.HISrcName=<u>{Medicaid/{STATE NAME FOR MEDICAID}}</u>/{STATE CHIP NAME} and Insurance.Plcyhldr= PersID and CoverageFlagList.InsSrcN=YES for this

PersID] [set Create O and OrigRnd]

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName).

Roster Filter:

Display only those RU members who were not covered by MEDICAID/SCHIP at any time during the previous round (including newly added RU members), that is any RU member not displayed at PR150 01.

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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR160 02: What about {PERSON 2}?

PR160 03: What about {PERSON 3}?

PR160_04: What about {PERSON N}? Has {he/she} been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START DATE}/between {START DATE} and {END DATE}}?

PR160_N: Repeat question text PR160_02-PR160_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR160_02 – PR160_N. Display in bold black and no brackets when on PR160_01.

BOX 50 (PR1130) Item Type: Route Type Class: If Then

Route Details: If at least one RU member is "COVERED BY MEDICAID/SCHIP" during the current

round, that is, at least one RU member was coded as '1' (YES) at PR150_01-PR150_N or

PR160 01-PR160 N, continue with BOX 60.

Otherwise, go to BOX 90.

BOX 60 (PR1135) Item Type: Route Type Class: If Then

Route Details: Ask the time period covered detail (HQ) section for this insurance.

This instance of the HQ section collects time period coverage detail for all RU members that are covered by Medicaid/SCHIP in the current round. The grid for the HQ section should be preloaded with insurance that meets both of the following conditions:

-Insurance source is Medicaid/SCHIP [Insurance.HISrc=Medicaid] And

-Person is "COVERED BY MEDICAID/SCHIP" during the current round, that is, either PR150

01- PR150 N or PR160 01-PR160 N is coded '1' (YES) for this person.

At completion of HQ section, continue with PR170.

Old Public Related Insurance (PR) Section

-								
PR170	(PR1140)	BLAISE NAME: CaidNameChng						
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min value:				
Type Class:	Enumerated	Field Size:						
Answer Type:	TYESNO	Answers allowed: 1	ArrayMa	x: Max value	:			
☐ Help Available	()	☐ Show Card ()		ook Up File ()			
Question Text:								
		N 1}, {PERSON 2}, {PERSO /SCHIP INSURER}.}	ON 3}, {PEI	RSON 4}, {PERSO	N N} may be			
name of the health	insurance {PERSO	START DATE} and {END DA ON 1}, {PERSON 2}, {PERSO TE NAME FOR MEDICAID	ON 3}, {PE	RSON 4}, {PERSO	ON N}			
Responses:	YES		1	PR180	(PR1145)			
	NO		2	BOX_70	(PR1160)			
				BOX_70	(PR1160)			
	DON'T KNOW	V	DK	BOX_70	(PR1160)			

Programmer Instructions:

If coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), set previous round's insurer as 'CURRENT RD'S MEDICAID/SCHIP INSURER'. [Set Preload.Insurance.Insurer to

Insurance.Insurer]

Display Instructions:

Roster 1-Report

Roster definition:

This item uses the insurance array to display RU-members. (Person.FullName)

Roster filter:

Display only those RU members who are "COVERED BY MEDICAID/SCHIP" during the current round, that is, either PR150_01- PR150_N or PR160_01-PR160_N is coded '1' (YES) for this person.

Display first names only in the first sentence "Last time we recorded...."

Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display RU members' first, middle, and last names (Person.FullName) in the second sentence "{Since {START DATE}/Between {START DATE} and {END DATE}}...." Substitute "you" for the person's name if the respondent is included in this list. See instructions above about when to use commas vs. "and" to separate names.

Display 'Last time... {PRELOAD MEDICAID/SCHIP INSURER }.' If there was an insurer associated with Medicaid/SCHIP in the previous round (Preload.Insurance.Insurer <> RF, DK or EMPTY). Otherwise, use a null display.

For 'PRELOAD MEDICAID/SCHIP INSURER', display the insurer recorded for Medicaid/SCHIP during the previous round (Preload.Insurance.Insurer).

Display 'Since {START DATE}' if not round 5.
Display 'Between {START DATE}' and {END DATE}' if round 5.

Display 'has' if only one name is listed and that person is not the current respondent. Otherwise, display 'have'.

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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to display by state, see the plan fill file.

PR180	(PR1145)	BLAISE NAME: CaidHMO				
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min v	alue:	
Гуре Class:	Enumerated	Field Size:				
Answer Type:	THMOSIGND	Answers allowed: 1	ArrayMa	x: Max	value:	
✓ Help Available	(HMOHelp)	☐ Show Care	d()		☐ Look Up File ()	
Question Text:						
(PERSON 1), {PE	RSON 2}, {PERSON	R MEDICAID}} or {STAT N 3}, {PERSON 4}, {PERS START DATE} and {END	SON N} enr			
		ive care from HMO physic the HMO, or there was a n			seen, the expense is	
					HELP: F1	
Responses:	YES, ALL ARE		1	PR200	(PR1155)	
-	YES, SOME ARE	Ξ	2	PR200	(PR1155)	
	NO, NONE ARE		3	PR190	(PR1150)	
	REFUSED		RF	PR190	(PR1150)	
	DON'T KNOW		DK	PR190	(PR1150)	

MEPS_V2 Full Detail Spec

Display Instructions:

Roster 1 – Report Roster Definition:

Use PR170 definition.

Roster filter: Use PR170 filter.

Display RU members' first, middle, and last names (Person.FullName) in the question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display '{are/is}' if not round 5. Display '{were/was}' if round 5.

Display 'is' or 'was' if the list includes 1 person who is not the respondent. Otherwise, display 'are' or 'were'.

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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to use by state, see the plan fill file.

Display 'between {START DATE} and {END DATE}' if round 5. Otherwise, use a null display.

PR190	(PR1150)	BLAISE NAME: CaidPr	BLAISE NAME: CaidPrimaryMD		
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min valu	ie:
Type Class:	Enumerated	Field Size:			
Answer Type:	THMOSIGND_1	Answers allowed: 1	ArrayMa	ax: Max val	ue:
✓ Help Availab.	le (PROGDRHelp)	☐ Show C	ard ()		Look Up File ()
Question Text:					
STATE CHIP N	NAME} require {PERS rtain primary care doctors	{END DATE}, did} {Medi SON 1}, {PERSON 2}, {Pl or, group of doctors, or with	ERSON 3},	{PERSON 4}, {	PERSON N} to
PROBE: Do not i	include emergency care	e or care from a specialist the	hey were ref	erred to.	
					HELP: F1
Responses:	YES, ALL REQU	JIRED	1	PR200	(PR1155)
_	YES, SOME REC	QUIRED	2	PR200	(PR1155)
	NO, NONE REQ	UIRED	3	BOX_70	(PR1160)
	REFUSED		RF	BOX_70	(PR1160)
	DON'T KNOW		DK	BOX_70	(PR1160)

MEPS_V2 Full Detail Spec

Programmer Instructions:

Note: If coded '3' (NO, NONE REQUIRED), 'RF' (REFUSED), or 'DK' (DON'T KNOW),

there is no insurer associated with the current round for Medicaid/SCHIP.

Display Instructions:

Roster 1- Report

Roster definition: Use PR170 definition.

Roster filter: Use PR170 filter.

Display RU members' first, middle, and last names (Person.FullName) in question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'Does' if not round 5. Display 'Between {START DATE} and {END DATE}, did' 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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for program. For the specific name to display by state, see the plan fill file.

PR200	(PR1155)	BLAISE NA	ME: CaidPla	nName				
Item Type:	Question	Field kind:	Datafield	ArrayMii	n: Min	value:		
Type Class:	String	Field Size:						
Answer Type:	{Continuous Answe	r.} Answers	allowed: 1	ArrayMa	x: Max	value:		
☐ Help Available ()		how Card ()		□ Look Up File ()		
Question Text:								
What is the name of {HMO/health insura	the {Medicaid/{STAnce}?	ATE NAME F	FOR MEDICA	AID}} or {S	STATE CHI	P NAME}		
ENTER PLAN NAM	ИE							
Responses:				RF	BOX_70 BOX_70 BOX_70	(PR1160) (PR1160) (PR1160)		
Programmer Instructions:	Set Insurance.Insu	rer= PR200						
Display Instructions:	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 the plan fill file.							
	Display 'or STATE program. For the s					the real state name for le.		
	Display 'HMO' if Pl insurance' if PR190					ARE). Display 'health ME REQUIRED).		
BOX 70	(<u>PR1160)</u> Id	tem Type: Ro	oute	Type C	lass: If The	n		
Route Details:	If round 2, round 3			PR210.				
	Otherwise, (i.e. ro	und 5), go to l	BOX_90.					

PR210	(PR1165)	BLAISE NA	ME: CaidPay	Prem		
Item Type:	Question	Field kind:	Datafield	ArrayMin	ı: Min valu	e:
Type Class:	Enumerated	Field Size:				
Answer Type:	TWHOCOVERED	PA Answers	allowed: 1	ArrayMa	x: Max valu	ie:
✓ Help Available	(PREMPAYHelp)		☐ Show Ca	ard ()		Look Up File ()
Question Text:						
coverage through {	remium for {PERSC {CURRENT ROUN STATE CHIP NAM	D'S MEDICA				
[<u>Do not</u> include the pay.]	cost of any copayme	ents, coinsuran	ce, or deducti	bles anyone	e in the family ma	ay have had to
	ARY: A monthly proteinclude copays or					th to have health
						HELP:F1
Responses:	YES, EVERYON	E COVERED	PAYS	1	BOX_80	(PR1175)
	YES, SOME CO	VERED PAY		2	PR220	(PR1170)
	NO, NO ONE CO	OVERED PAY	S	3	BOX_90	(PR1200)
	REFUSED			RF	BOX_90	(PR1200)
	DON'T KNOW			DK	BOX_90	(PR1200)

Programmer Instructions:

Placeholder for MHOP specifications. This will be deleted once those specifications are available.

If coded '1' (YES, EVERYONE COVERED PAYS) at PR210 (HOME.PRMEDPRE), code PRND.MEDMNTHP for each person in the roster at PR220 as '1' (PAYS FOR COVERAGE DURING THE CURRENT ROUND.)

If coded '3' (NO, NO ONE COVERED PAYS) at PR210 (HOME.PRMEDPRE), code PRND.MEDMNTHP for each person in the roster at PR220 as '2' (DOES NOT PAY FOR COVERAGE DURING THE CURRENT ROUND.)

If coded RF or DK OR -9 (WHETHER EVERYONE IS COVERED IS MISSING) at PR210 (HOME.PRMEDPRE), code PRND.MEDMNTHP equal to the missing value HOME.PRMEDPRE for each person in the PR220 roster.

Leave PRND.MEDGOVP blank (NO VALUE) for any RU member not on the roster at PR220.

Display Instructions:

Roster 1- Report

Roster definition: Use PR170 definition.

Roster filter: Use PR170 filter.

Display RU members' first, middle, and last names (Person.FullName) in question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}'.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR200.

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 the plan fill file.

Display 'or STATE CHIP NAME' under all conditions, substituting the real state name for

program. For the specific name to display by state, see the plan fill file.

PR220	(PR1170) BLAISE NAME: CaidPayPremRoster							
Item Type:	Question	Field kind:	Datafield	ArrayMin	n: Min	value:		
Type Class:	Enumerated	Field Size:						
Answer Type:	TFIRSTMIDLA	STNA Answers a	allowed: 99	ArrayMa	x: Max	value:		
☐ Help Available (()	□ Sh	now Card ()		☐ Look Up File ()		
Question Text:								
Who has a monthly	premium for that	coverage?						
PROBE: Anyone els	se?							
ENTER ALL THAT	T APPLY.							
						HELP: F1		
Responses:	{FIRST NAMI NAME}1	E [MIDDLE NAM	IE] LAST	1	BOX_80	(PR1175)		
	{FIRST NAMI NAME}2	E [MIDDLE NAM	IE] LAST	2	BOX_80	(PR1175)		
	{FIRST NAMI NAME}3	E [MIDDLE NAM	IE] LAST	3	BOX_80	(PR1175)		
	{FIRST NAMI NAME}4	E [MIDDLE NAM	IE] LAST	4	BOX_80	(PR1175)		
	{FIRST NAMI NAME}N	E [MIDDLE NAM	IE] LAST	5	BOX_80	(PR1175)		

Old Public Related Insurance (PR) Section

MEPS_V2 Full Detail Spec

Programmer

Roster Behavior:

Instructions:

1. Multiple select allowed.

Placeholder for MHOP specifications. This will be deleted once those specifications are

available.

Code PRND.MEDMNTHP as '1' (PAYS FOR COVERAGE DURING THE CURRENT

ROUND) for all persons from the PR220 roster who are selected.

Code PRND.MEDMNTHP as '2' (DOES NOT PAY FOR COVERAGE DURING THE CURRENT ROUND) for all persons on the PR220 roster who are not selected.

Leave PRND.MEDGOVP blank (NO VALUE) for any RU member not on the roster at PR220.

Display Instructions:

Roster 2 – no add/edit/delete

Roster definition: Use PR170 definition.

Roster filter: Use PR170 filter.

BOX 80

(PR1175)

Item Type: Route

Type Class: If Then

Route Details:

If round 3, continue with PR230.

Otherwise, go to PR250.

Full Detail Spec								
PR230	(PR1180)	BLAISE	NAME: CaidC	ovgAmt				
Item Type:	Question	Field k	ind: Datafield	ArrayMi	n: Mir	value: 0		
Type Class:	Real	Field S	Size: 9,2					
Answer Type:	{Continuous Ans	wer.} Answ	wers allowed: 1	ArrayMa	x: Ma	x value: 999999.99		
☐ Help Available	()		Show Card ()		☐ Look Up File ()	
Question Text:								
How much is the pr	emium for {the {C	URRENT RO	UND'S MEDICAII	O/SCHIP INSU	JRER}/that]	coverage?		
IF MORE THAN ONE premiums paid by a				GE, SAY: Ple	ease give m	e the total amount for		
USE CTRL+Z TO ACC	CESS CALCULATOR	TO ADD ALL	. PREMIUMS.					
Responses:				1	PR240	(PR1185)		
Responses.				_	PR250	(PR1195)		
	DON'T KNOW				PR250	(PR1195)		
Programmer Instructions:	Allow for the e	ntry of dolla	rs and cents.					
Display Instructions:	Display PR230, PR240, and PR240OS on the same form pane.							
	insurer associa	ted with the	Medicaid/SCHIF	insurance t	hat is not 'l	re is a current round RF' or 'DK' or EMPTY. oaded insurer, the		

preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display 'that'.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the

current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded set to the current value or the value entered at PR200.

an zotan spec						
PR240	(PR1185) BI	LAISE NAME: CaidCo	vgUnit			
Item Type:	Question I	Field kind: Datafield	ArrayMi	n: Min val	lue:	
Type Class:	Enumerated I	Field Size:				
Answer Type:	TCOVERAGETIME	Answers allowed: 1	ArrayMa	x: Max va	alue:	
☐ Help Available ()	☐ Show Card ()		Look Up File ()
Question Text:						
[How much is the pr	emium for {the {CURRE	ENT ROUND'S MEDICAID	SCHIP INS	URER}/that} co	verage?	
		IUM FOR THIS COVERAG		ase give me the	2	
USE CTRL+Z TO ACCI	ESS CALCULATOR TO A	DD ALL PREMIUMS.]				
Is that per year, per	month, per week, or w	/hat?				
ENTER UNIT OF COV	'ERAGE					
Responses:	PER YEAR		1	PR250	(PR1195)	
	EVERY 3 MONTHS	G (QUARTERLY)	2	PR250	(PR1195)	
	EVERY 2 MONTHS	S (BIMONTHLY)	3	PR250	(PR1195)	
	PER MONTH		4	PR250	(PR1195)	
	PER WEEK		5	PR250	(PR1195)	
	EVERY 2 WEEKS (BIWEEKLY)	6	PR250	(PR1195)	
	2 TIMES PER YEAR	R (SEMI-ANNUALLY)	7	PR250	(PR1195)	
	2 TIMES PER MON	TH (SEMI-MONTHLY) 8	PR250	(PR1195)	
	OTHER		91	PR240OS	(PR1190)	
	REFUSED		RF	PR250	(PR1195)	
	DON'T KNOW		DK	PR250	(PR1195)	

(PR1195)

Display	
Instructions	

Display PR230, PR240, and PR240OS on the same form pane.

Display "How much ... ADD ALL PREMIUMS." in brackets and grayed out text.

Display 'the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display 'that'.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded set to

PR240OS	(PK1190)	BLAISE NAME: CaidCo	vgUnitOS		
Item Type:	Question	Field kind: Datafield	ArrayMiı	n: Min value:	
Type Class:	String	Field Size: 30			
Answer Type:	{Continuous A	nswer. Answers allowed: 1	ArrayMa	x: Max value:	
☐ Help Available ()	☐ Show Card ()	☐ Loo	k Up File ()
Question Text:					
[How much is the pr	emium for {the	{CURRENT ROUND'S MEDICAL	SCHIP INS	URER}/that} coverage	e?
IF MORE THAN ONE premiums paid by al		A PREMIUM FOR THIS COVERACE th this coverage.	GE, SAY: Ple	ase give me the tota	amount for
USE CTRL+Z TO ACCI	ESS CALCULATO	OR TO ADD ALL PREMIUMS.]			
Responses:			1	PR250	(PR1195)
	REFUSED		RF	PR250	(PR1195)

DON'T KNOW

DK PR250

Display Instructions:

Display PR230, PR240, and PR240OS on the same form pane.

Display "How much ... ADD ALL PREMIUMS." in brackets and grayed out text.

Display 'the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, display 'that'.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded set to the current value or the value entered at PR200.

<u>PR250</u>	(PR1195)	BLAISE NAME: CaidPremSubsdz				
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min value	;	
Type Class:	Enumerated	Field Size:				
Answer Type:	TYESNO	Answers allowed: 1	ArrayMa	x: Max value	:	
☐ Help Available	e()	☐ Show Card ()		ook Up File ()
Question Text:						
{PLAN NAME: {	CURRENT ROUN	ND'S MEDICAID/SCHIP INS	SURER}}			
Is the cost of the p	remium subsidized	d based on family income?				
Responses:	YES		1	BOX_90	(PR1200)	
	NO		2	BOX_90	(PR1200)	
	REFUSED		RF	BOX_90	(PR1200)	
	DON'T KNOV	W	DK	BOX_90	(PR1200)	

MEPS_V2 Full Detail Spec

Display Instructions:

Display 'PLAN NAME: {CURRENT ROUND'S MEDICAID/SCHIP INSURER}' if there is a current round insurer associated with the Medicaid/SCHIP insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR170=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR200 was answered, the current insurer was set there). Otherwise, use a null display.

For '{CURRENT ROUND'S MEDICAID/SCHIP INSURER}', display the actual plan name for the current round Medicaid/SCHIP insurer (Insurance.Insurer). This may be a preloaded set to the current value or the value entered at PR200.

BOX 90 (PR1200) Item Type: Route Type Class: If Then

Route Details:

If any RU member had MILITARY HEALTH as a source of insurance at any time during previous round (at least one RU member where Preload.Insurance.HISrc=Military, Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd ={previous round number} and Preload.Insurance.OrigRnd<>current round), continue with PR260_01.

Otherwise, go to BOX_130.

Old Public Related Insurance (PR) Section

 Responses:
 YES
 1

 NO
 2

 REFUSED
 RF

 DON'T KNOW
 DK

MEPS V2

Programmer Instructions:

Preloaded grid type 1: forced navigation including PR260_01, PR260_02, PR260_03, PR260_04, PR260_N.

After grid completion, continue with BOX 100.

Display Instructions:

Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members who were "COVERED BY MILITARY HEALTH" at any time during the previous round (RU members where Preload.Insurance.HISrc=Military, Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd ={previous round number}.

For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY MILITARY HEALTH" at any time during the previous round. Display first names only. Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'was' if only one name is listed and that person is not the current respondent. Otherwise, display 'were'.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text: Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR260 02: What about {PERSON 2}?

PR260 03: What about {PERSON 3}?

PR260_04: What about {PERSON N}? Has {he/she} been covered by military health care, such as TRICARE, CHAMPVA, or VA coverage at any time {since {START DATE}/between {START DATE} and {END DATE}}?

PR260_N: Repeat question text PR260_02-PR260_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR260_02 – PR260_N. Display in bold black and no brackets when on PR260_01.

BOX 100	(PR1210)	Item Type: Route	Type Class:	If Then
Route Details:		U members are displayed at tinue with PR270_01.	PR260_01-PR260)_N, go to BOX_110.
PR270 01	(PR1215)	BLAISE NAME: OthM	mbMilitHI	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:
✓ Help Available	(CHAMPTRIHelp)	Card ()	☐ Look Up File ()
Question Text:				
been covered by mi	ilitary health care, s	bout, please think about who such as TRICARE, CHAMF DATE} and {END DATE}}	VA, or VA cover	
		ITARY PERSON 1, MILIT Armed Forces { or } { honora		
		covered by military health ca DATE}/between {START I		
				HELP:F1
Responses:	YES		1	
	NO		2	
	REFUSED		RF	
	DON'T KNOW	,	DK	

Programmer Instructions:

Preloaded grid type 1: Forced navigation including PR270_01, PR270_02, PR270_03, PR270_04, PR270_N.

After grid completion, continue with BOX 110.

For each person coded '1' (YES), create insurance through Military health care for this person [set Insurance.HIPubPriv=Public and Insurance.HISrc=Military and Insurance.HISrcName=Military Health and Insurance.Plcyhldr = PersID and CoverageFlagList.InsSrcN=YES for this PersID] [set Create Q and OrigRnd]

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter

Display only those RU members who were not covered by MILITARY HEALTH at any time during the previous round (including newly added RU members), that is any RU member not displayed at PR260 01.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR270 02: What about {PERSON 2}?

PR270_03: What about {PERSON 3}?

PR270_04: What about {PERSON N}? Has {he/she} been covered by military health care, such as TRICARE, CHAMPVA, or VA coverage at any time {since {START DATE}/between {START DATE} and {END DATE}}?

PR270_N: Repeat question text PR270_02-PR270_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first two paragraphs of question text in brackets and grayed out text when on PR270 _ 02 – PR270_N. Display in bold black and no brackets when on PR270_01.

The second paragraph makes use of a separate list of names.

Display 'Previously, we've recorded that {MILITARY PERSON 1, MILITARY PERSON 2, MILITARY PERSON N} {is/are} {full-time active duty in the Armed Forces} {or} {honorably discharged from active duty}.' if at least one current RU member eligible to be displayed at PR270_01 grid is currently FT active duty (Person.FTADuty=Yes) or honorably discharged from the Armed Forces in any round [Person.HonDisch=Yes (preloaded value or current round value)]. Otherwise, use a null display.

Display 'full-time active duty in the Armed Forces' if at least one current RU member eligible to be displayed at PR270_01 grid is currently FT active duty. Otherwise, use a null display.

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Display 'honorably discharged from active duty' if at least one RU member eligible to be displayed at PR270_01 grid has been honorably discharged in any round. Otherwise, use a null display.

Display 'or' if there is at least one current RU member who is FT active duty **and** one current RU member who is honorably discharged in any round. Otherwise, use a null display.

For '{MILITARY PERSON 1, MILITARY PERSON 2, MILITARY PERSON N}', Display the firstnames of all RU members who are either currently FT active duty or honorably discharged from the Armed Forces in any round. Separate the names using a comma and substitute 'you' if the respondent's name is part of the list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'is' if only one person listed and that person is not selected as respondent. Otherwise, display 'are'.

BOX 110 (PR1220) Item Type: Route Type Class: If Then

Route Details:

If at least one RU member "COVERED BY MILITARY HEALTH" during the current round, that is, at least one RU member was coded as '1' (YES) at PR260_01-PR260_N or PR270_01-PR270_N, continue with PR280_01.

Otherwise, go to BOX_130.

Programmer Instructions:

MEPS_V2		Old Public Related Insurance				
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PR280 01	(PR1225)	BLAISE NAI	ME: CodeA	llMilitPlanPR		
Item Type:	Question	Field kind:	Datafield	ArrayMin:	Min value:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TMILITARYCOVE	R Answers	allowed: 6	ArrayMax:	Max value:	
✓ Help Available	(CHAMPTRIHelp)			Card ()	☐ Look Up File ()
Question Text:						
TRICARE Standar	tary health coverage {dd, TRICARE Prime, TA (Veteran's Administr	RICARE Ext			ou/Does {he/she}} have	
ENTER ALL THA	T APPLY.					
					HELP:I	F1
Responses:	TRICARE STAND	OARD		1		
_	TRICARE PRIME			2		
	TRICARE EXTRA	\		3		
	TRICARE FOR LI	FE		4		
	CITAMDUA			_		

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Programmer Instructions:

Preloaded grid type 1: Forced navigation including PR280_01, PR280_02, PR280_03, PR280

_04, PR280_N

After grid completion, continue with BOX 120.

Display Instructions:

Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members "COVERED BY MILITARY HEALTH" during the current round, that is, PR260 01 – PR260 N or PR270 01 – PR270 N is coded '1' (YES) for this person.

Display variable question text. Replace "What types ... Administration)?" with:

PR280_02: What about {PERSON 2}? PR280_03: What about {PERSON 3}?

PR280_04: What about {PERSON N}? Does {he/she} have TRICARE Standard, TRICARE Prime,

TRICARE Extra, TRICARE for Life, CHAMPVA, or VA (Veteran's Administration)?

PR280_N: Repeat question text PR280_02-PR280_N for as many RU members that fit the

roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

BOX 120 (PR1230) Item Type: Route Type Class: If Then

Route Details: Ask the time period covered detail (HQ) section for this insurance.

This instance of the HQ section collects time period coverage detail for all RU members that are covered by MILITARY HEALTH in the current round. The grid for the HQ section should be preloaded with insurance that meets both of the following conditions:

-Insurance source is Military Health [Insurance.HISrc=Military]

And

-Person is "COVERED BY MILITARY HEALTH" during the current round, that is, either PR260

_01-PR260_N or PR270_01-PR270_N is coded '1' (YES) for this person.

At completion of HQ section, continue with BOX_130.

BOX 130	(PR1235)	Item Type: Route	Type Class:	If Then
Route Details:	during the prev Preload.Insurar Preload.CovdP	vious round (at least one RU nce.Plcyhldr=PersID where I Pers.LRndCovd ={previous r nce.OrigRnd<>current round	member where Pr Person.MostRecent ound number} and	ntRU=RUUnit and d
PR290 01 Item Type: Type Class: Answer Type:	(PR1240) Question Enumerated TYESNO	BLAISE NAME: Confl Field kind: Datafield Field Size: Answers allowed: 1	ArrayMin:	Min value:
Answer Type:	TTESNO	Answers anowed: 1	ArrayMax:	Max value:
☐ Help Available	()	☐ Show Card ()	☐ Look Up File ()
Question Text:				
{was/were} enrolle	d in the Indian He	d that {PERSON 1}, {PERS alth Service (IHS). The Indian Indians at its Federal hospit	an Health Service	
		ed in the Indian Health Serv nd {END DATE}}?	ice (IHS) at any ti	ime {since {START
Responses:	NOREFUSED		2 RF	

Programmer Instructions:

Preloaded grid type 1: Forced navigation including PR290_01, PR290_02, PR290_03, PR290_04, PR290_N.

After grid completion, continue with BOX 140.

Display Instructions:

Roster 1-Report no add/edit/delete allowed. Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members who were "COVERED BY INDIAN HEALTH SERVICE" at any time during the previous round (RU members where Preload.Insurance.HISrc=IHS, Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd ={previous round number}.

For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY INDIAN HEALTH SERVICE" at any time during the previous round. Display first names only. Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display 'was' if only one name is listed and that person is not the current respondent. Otherwise, display 'were'.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Were you/Was {PERSON 1}} enrolled ... and {END DATE}}?" with:

PR290 02: What about {PERSON 2}?

PR290 03: What about {PERSON 3}?

PR290_04: What about {PERSON N}? Was {he/she} enrolled in the Indian Health Service (IHS) at any time {since {START DATE}/between {START DATE} and {END DATE}}? PR290_N: Repeat question text PR290_02-PR290_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR290_02 – PR290_N. Display in bold black and no brackets when on PR290_01.

BOX 140	(PR1245)	Item Type: Route	Type Class:	If Then		
Route Details:	If all current RU members are displayed at PR290_01-PR290_N, go to BOX_150.					
	Otherwise, co	ontinue with PR300_01.				
PR300 01	(PR1250)	BLAISE NAME: OthMr	nbIHSPlan			
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:		
Type Class:	Enumerated	Field Size:				
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:		
☐ Help Available Ouestion Text:	()	☐ Show Card ()	☐ Look Up File ()		
Besides the people		about, please think about whe ces (IHS) at any time {since {s		nal household members have between {START DATE} and		
		olled in Indian Health Services and {END DATE}}?	(IHS) at any tim	ee {since {START		
American Indian ar	nd Alaska Natives	Health Service (IHS) is the health Service (IHS) is the health insur American Indians at its federal	ance provider bu	t rather, it provides healthcare		
Responses:	YES		1			
-	NO		2			
	REFUSED		RF			
	DON'T KNO	W	DK			

MEPS_V2 Full Detail Spec

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Programmer Instructions:

Preloaded grid type 1: Forced navigation including PR300_01, PR300_02, PR300_03, PR300_04, PR300_N.

After grid completion, continue with BOX 150.

For each person coded '1' (YES), create insurance through Indian Health Service for this person [set Insurance.HIPubPriv=Public and Insurance.HISrc=IHS and Insurance.HISrcName=Indian Health Service and Insurance.Plcyhldr = PersID and CoverageFlagList.InsSrcN=YES for this PersID] [set Create Q and OrigRnd]

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members who were not covered by INDIAN HEALTH SERVICE at any time during the previous round (including newly added RU members), that is any RU member not displayed at PR290 01.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Were you/Was{PERSON 1}} enrolled ... {END DATE}?" with:

PR300_02: What about {PERSON 2}?

PR300_03: What about {PERSON 3}?

PR300_04: What about {PERSON N}? Was {he/she} enrolled in the Indian Health Service (IHS) <u>at any time</u> {since {START DATE}/between {START DATE} and {END DATE}}? PR300_N: Repeat question text PR300_02-PR300_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display **first and third** paragraph of question text in brackets and grayed out text when on PR300_02 – PR300_N. Display both in bold black and no brackets when on PR300_01.

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BOX 150 (PR1255) Item Type: Route Type Class: If Then

Route Details:

If at least one RU member "COVERED BY INDIAN HEALTH SERVICE" during the current round, that is, at least one RU member was coded as '1' (YES) PR290_01-PR290_N or PR300_01-PR300_N, continue with BOX_160.

Otherwise, go to BOX 170.

BOX 160 (PR1260) Item Type: Route Type Class: If Then

Route Details: Ask the time period covered detail (HQ) section for this insurance.

This instance of the HQ section collects time period coverage detail for all RU members that are covered by Indian Health Services in the current round. The grid for the HQ section should be preloaded with insurance that meet both of the following conditions:

-Insurance source is Indian Health Service [Insurance.HISrc=IHS]

And

-Person is "COVERED BY INDIAN HEALTH SERVICE" during the current round, that is, either

PR290 01-PR290 N or PR300 01-PR300 N is coded '1' (YES) for this person.

At completion of HQ section, continue with BOX_170.

BOX 170 (PR1265) Item Type: Route Type Class: If Then

Route Details: If any RU member had GOV'T-HOSPITAL/PHYSICIAN as a source of insurance at any

time during the previous round (at least one RU member where

Preload.Insurance.HISrc=GHP, Preload.Insurance.Plcyhldr=PersID where

Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd

={previous round number} and Preload.Insurance.OrigRnd<>current round), continue with

PR310_01.

Otherwise, go to BOX 240.

MEPS_V2			Old Public	Related Insurance (PR) Section
Full Detail Spec PR310 01	(PR1270)	BLAISE NAME: ConfG	ovProg	
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:
Question Text:	e (INSTYPESHelp)		Card ()	☐ Look Up File ()
{was/were} cover	ed by {PRELOAD G	that {PERSON 1}, {PERSOOVT-HOSP/PHY NAME}, spital and physician benefits	a program spon	
{Have you/Has {P	ERSON 1}} been cove cy which provided ho	red by this program or some	e other program	sponsored by a state or local nce {START DATE}/between
				HELP: F1

Responses:

 YES
 1

 NO
 2

 REFUSED
 RF

 DON'T KNOW
 DK

Programmer Instructions:

Preloaded grid type 1: Forced navigation including PR310_01, PR310_02, PR310_03, PR310_04, PR310_N.

After grid completion, continue with BOX 180.

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

Roster Filter:

Display only those RU members who were "COVERED BY GOV'T- HOSPITAL/PHYSICIAN" at any time during the previous round (RU members where Preload.Insurance.HISrc=GHP, Preload.Insurance.Plcyhldr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd ={previous round number}.

For the display of person names in the first paragraph: {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N}, display the list of RU members who were "COVERED BY GOV'T-HOSPITAL/PHYSICIAN" at any time during the previous round. Display first names only. Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

For 'PRELOAD GOVT-HOSP/PHY NAME' display the name of the government program entered at HX160 or HX270 when the coverage was first created for this RU. (Preload.Insurance.GHPProgNameRndCreated)

Display 'was' if only one name is listed and that person is not the current respondent. Otherwise, display 'were'.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR310_02: What about {PERSON 2}? PR310_03: What about {PERSON 3}?

PR310_04: What about {PERSON N}? Has {he/she} been covered by a program sponsored by a state or local government agency which provided hospital and physician benefits <u>at any</u> time

{since {START DATE}/between {START DATE} and {END DATE}}?

PR310_N: Repeat question text PR310_02-PR310_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR310 02 -

PR310_N. Display in bold black and no brackets when on PR310_01.

BOX 180	(PR1275)	Item Type: Route	Type Class:	If Then		
Route Details:	If all current R	U members are displayed in	PR310_01-PR310)_N, go to BOX_190.		
	Otherwise, con	tinue with PR320_01.				
PR320 01	(PR1280)	BLAISE NAME: OthM	mbGovProg			
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:		
Type Class:	Enumerated	Field Size:				
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:		
✓ Help Available	✓ Help Available (INSTYPESHelp) □ Show Card () □ Look Up File ()					
Question Text:						
been covered by a	program sponsored	bout, please think about when by a state or local government ween {START DATE} and	ent agency which	al household members have provides physician benefits at		
{Have you/Has {PE {START DATE} and		ered by a program like this g	at any time {since	{START DATE}/between		
				HELP: F1		
Responses:	120		-			
	110		_			
	REFUSED DON'T KNOW					
	DOM I KNOW		DK			

Programmer Instructions:

 $Preloaded\ grid\ type\ 1:\ Forced\ navigation\ including\ PR320_01,\ PR320_02,\ PR320_03,\ PR320_03,\ PR320_04,\ PR320_05,\ PR3200_05,\ PR3200$

_04, PR320_N.

After grid completion, continue with BOX 190.

For each person coded '1' (YES), create insurance through Gov't-Hospital/Physician for this person [set Insurance.HIPubPriv=Public and Insurance.HISrc=GHP and Insurance.HISrcName= GOVT-HOS/PHY-{PROGRAM NAME FROM HX160/HX270}' (Preload.GHPProgNameRndCreated) and Insurance.Plcyhldr = PersID and

Display Instructions:

Roster 1-Report no add/edit/delete allowed.

Format the following columns on the form pane.

Col#1: RU Member

Instructions: Display RU members' First Middle and Last name (Person.FullName)

CoverageFlagList.InsSrcN=YES for this PersID] [set Create Q and OrigRnd]

Roster Filter:

Display only those RU members who were not covered GOV'T- HOSPITAL/PHYSICIAN at any time during the previous round (including newly added RU members), that is any RU member not displayed at PR310 01.

Display 'since {START DATE}' if not round 5. Display 'between {START DATE} and {END DATE}' if round 5.

Display variable question text. Replace "{Have you/Has {PERSON 1}} been covered ... and {END DATE}}?" with:

PR320 02: What about {PERSON 2}? PR320 03: What about {PERSON 3}?

PR320_04: What about {PERSON N}? Has {he/she} been covered by a program sponsored by a state or local government agency which provided hospital and physician benefits <u>at any</u> time

{since {START DATE}/between {START DATE} and {END DATE}}?

PR320_N: Repeat question text PR320_02-PR320_N for as many RU members that fit the roster filter criteria.

Display first names only in the variable question text display. Substitute "you" for the person's first name if the respondent is included in this list.

Display first paragraph of question text in brackets and grayed out text when on PR320_02 – PR320_N. Display in bold black and no brackets when on PR320_01.

BOX 190 (PR1285) Item Type: Route Type Class: If Then

Route Details:

If at least one RU member is "COVERED BY GOV'T- HOSPITAL/PHYSICIAN" during the current round, that is, at least one RU member was coded '1' (YES) at PR310_01-310_N or PR320_01-320_N, continue with BOX_200.

Otherwise, go to BOX 240.

BOX 200 (PR1290) Item Type: Route Type Class: If Then

Route Details: Ask the time period covered detail (HQ) section for this insurance.

This instance of the HQ section collects time period coverage detail for all RU members that are covered by Gov't-Hospital/Physician in the current round. The grid for the HQ section should be preloaded with insurance that meets both of the following conditions: -Insurance source is GOV'T-HOSPITAL/PHYSICIAN [Insurance.HISrc=GHP] And -Person is "COVERED BY GOV'T-HOSPITAL/PHYSICIAN" during the current round, that is, either PR310 01 – PR310 N or PR320 01-PR320 N is coded '1' (YES) for this person.

At completion of HQ section, continue with PR330.

Responses:	YES	1	PR340	(PR1300)
	NO	2	BOX_210	(PR1315)
	REFUSED	RF	BOX_210	(PR1315)

DON'T KNOW DK BOX_210 (PR1315)

Programmer Instructions:

If coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), set previous round's insurer as 'CURRENT RD'S GOVT-HOSP/PHYS INSURER'. [Set Preload.Insurance.Insurer to

Insurance.Insurer]

Display Instructions:

Roster 1- Report

Roster definition:

This item uses the insurance array to display RU-members. (Person.Fullname)

Roster filter:

Display only those RU members who are "COVERED BY GOVT- HOSPITAL/PHYSICIAN" during the current round, that is either PR310_01 – PR310_N or PR320_01-PR320_N is coded '1' (YES) for this person..

Display first names only in the first sentence "Last time we recorded...."

Substitute "vous" for the person's first name if the recondent is included.

Substitute "you" for the person's first name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display RU members' first, middle, and last names (Person.FullName) in the second sentence "{Since {START DATE}/Between {START DATE} and {END DATE}}...." Substitute "you" for the person's name if the respondent is included in this list. See instructions above about when to use commas vs. "and" to separate names.

Display 'Last time.... {PRELOAD GOVT-HOSP/PHYS INSURER}.' if there was an insurer associated with Govt-Hospital/Physician in the previous round (Preload.Insurance.Insurer <> RF, DK or EMPTY). Otherwise, use a null display.

For 'PRELOAD GOVT-HOSP/PHYS INSURER', display the insurer recorded for Govt-Hospital/Physician during the previous round (Preload.Insurance.Insurer).

Display 'Since {START DATE}' if not round 5.
Display 'Between {START DATE} and {END DATE}' if round 5.

Display 'has' if only one name is listed and that person is not the current respondent. Otherwise, display 'have'.

PR340	(PR1300)	BLAISE NAME: GovPro	gHMO		
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min value:	
Type Class:	Enumerated	Field Size:			
Answer Type:	THMOSIGND	Answers allowed: 1	ArrayMa	ax: Max value:	
✓ Help Available (HMOHelp)	☐ Show Card	d()	☐ Look Up File ()
Question Text:					
benefits {{are/is}/{v	were/was}} {PERSC	ON 1}, {PERSON 2}, {PER	SON 3}, {	ovides hospital and physician PERSON 4}, {PERSON N} ART DATE} and {END DATE}}?	?
		ive care from HMO physic the HMO, or there was a m		ther doctor is seen, the expense is rgency.]	
				HELP:F	71
Responses:	YES, ALL ARE		1	PR360 (PR1310)	
•	YES, SOME ARE			PR360 (PR1310)	
	NO, NONE ARE		3	PR350 (PR1305)	
	REFUSED		RF	PR350 (PR1305)	
	DON'T KNOW		DK	PR350 (PR1305)	
Display Instructions:	Roster 1- Report I Use PR330 defini				

Roster filter: Use PR330 filter.

Display RU members' first, middle, and last names (Person.FullName)in the question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display '{are/is}' if not round 5. Display '{were/was}' if round 5.

Display 'is' or 'was' if the list includes 1 person who is not the respondent. Otherwise, display 'are' or 'were'.

Display 'between {START DATE} and {END DATE}' if round 5. Otherwise, use a null display.

Responses: YES, ALL REQUIRED (PR1310) PR360 YES, SOME REQUIRED 2 PR360 (PR1310) 3 NO, NONE REQUIRED BOX 210 (PR1315) RF BOX 210 REFUSED (PR1315) DK BOX 210 DON'T KNOW (PR1315)

Responses:

REFUSED

(PR1315)

(PR1315)

(PR1315)

Tun Detan Spec							
Programmer Instructions:		ed '3' (NO, NONE REQUIRED), 'sociated with the current rour			ere is		
Display Instructions:	Roster 1- Rep Roster defini Use PR330 d	tion:					
	Roster filter: Use PR330 fil	ter.					
	Substitute "y two names d two names li	Display RU members' first, middle, and last names (Person.FullName) in the question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".					
	Display 'Does 5.	s' if not round 5. Display 'Betw	een {START DAT	E} and {END DATE}, did' if	round		
<u>PR360</u>	(PR1310)	BLAISE NAME: GovPr	_				
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:			
Type Class: Answer Type:	String {Continuous A	Field Size: 40 unswer.} Answers allowed: 1	ArrayMax:	Max value:			
☐ Help Available	e()	☐ Show Card ()	☐ Look Up Fil	le ()		
Question Text:							
		Ith insurance from the program physician benefits?	m sponsored by a	a state or local governmen	ıt		
ENTER PLAN NA	AME						

...... 1 BOX_210

DON'T KNOW DK BOX_210

----- RF BOX_210

MEPS_V2 Old Public Related Insurance (PR) Section

Full Detail Spec

Programmer Instructions:

Set Insurance.Insurer to PR360

Display Instructions:

Display 'HMO' if PR330 is coded '1' (YES, ALL ARE) or '2' (YES, SOME ARE). Display

'health insurance' if PR350 coded '1' (YES, ALL REQUIRED) or '2' (YES, SOME

REQUIRED).

BOX 210 (PR1315) Item Type: Route Type Class: If Then

Route Details: If round 2, round 3, or round 4, continue with PR370.

Otherwise, (i.e., if round 5), go to BOX_240.

(PR1365)

Full Detail Spec

PR370	(PR1320)	BLAISE NA	ME: GovPro	gPayPrem		
Item Type:	Question	Field kind:	Datafield	ArrayMi	n: Min v	alue:
Type Class:	Enumerated	Field Size:				
Answer Type:	TWHOCOVERED	PA Answers	allowed: 1	ArrayMa	x: Max v	value:
✓ Help Available ((PREMPAYHelp)		☐ Show Ca	ard ()		□ Look Up File ()
Question Text:						
coverage through {	remium for {PERSC (CURRENT ROUN) or local governmen	D'S INSURER	R FOR GOVT	- HOSPIT	AL/PHYSICIA	
[<u>Do not</u> include the pay.]	cost of any copayme	ents, coinsuran	ce, or deducti	bles anyon	e in the family	may have had to
	ARY: A monthly prest include copays or o					nonth to have health
						HELP: F1
Responses:	YES, EVERYON	E COVERED	PAYS	1	BOX_220	(PR1330)
	YES, SOME CO	VERED PAY		2	PR380	(PR1325)
	NO, NO ONE CO	OVERED PAY	S	3	BOX_240	(PR1365)
	REFUSED			RF	BOX_240	(PR1365)

DON'T KNOW DK BOX_240

MEPS_V2 Full Detail Spec

Programmer Instructions:

Placeholder for MHOP specifications. This will be deleted once those specifications are available.

If coded '1' (YES, EVERYONE COVERED PAYS) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP for each person in the roster at PR370 as '1' (PAYS FOR COVERAGE DURING THE CURRENT ROUND.)

If coded '3' (NO, NO ONE COVERED PAYS) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP for each person in the roster at PR370 as '2' (DOES NOT PAY FOR COVERAGE DURING THE CURRENT ROUND.)

If coded RF or DK or -9 (WHETHER EVERYONE IS COVERED IS MISSING) at PR370 (HOME.PRMEDPRE), code PRND.GOVMNTHP equal to the missing value in HOME.PRMEDPRE for each person in the PR370 roster.

Leave PRND.MEDGOVP blank (no value) for any RU member not on the roster at PR370.

Display Instructions:

Roster 1- Report

Roster definition: Use PR330 definition.

Roster filter: Use PR330 filter.

Display RU members' first, middle, and last names (Person.FullName) in question text. Substitute "you" for the person's name if the respondent is included in this list. If exactly two names displayed, separate names with the word "and" and no comma. If more than two names listed, separate names using commas, except for between the last two names displayed. Between the last two names displayed, separate names using the word "and".

Display '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was answered, the current insurer was set there). Otherwise, display 'the program sponsored by a state or local government agency which provides hospital and physician benefits '.

For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR360.

PR380	(PR1325)	BLAISE NA	ME: GovPro	gPayPremR	loster	
Item Type:	Question	Field kind:	Datafield	ArrayMin	n: Min	value:
Type Class:	Enumerated	Field Size:				
Answer Type:	TFIRSTMIDLAST	NA Answers	allowed: 99	ArrayMa	x: Max	value:
☐ Help Available ()		how Card ()		☐ Look Up File ()
Question Text:						
Who has a monthly	premium for that co	verage?				
PROBE: Anyone el	se?					
ENTER ALL THAT	APPLY.					
Responses:	{FIRST NAME [] NAME}1	MIDDLE NAM	ME] LAST	1	BOX_220	(PR1330)
	{FIRST NAME [I NAME}2	MIDDLE NAM	ME] LAST	2	BOX_220	(PR1330)
	{FIRST NAME [I NAME}3	MIDDLE NAM	ME] LAST	3	BOX_220	(PR1330)
	{FIRST NAME [I NAME]4	MIDDLE NAM	ME] LAST	4	BOX_220	(PR1330)
	{FIRST NAME [I NAME}N	MIDDLE NAM	ME] LAST	5	BOX_220	(PR1330)

Old Public Related Insurance (PR) Section

MEPS_V2 Full Detail Spec

Programmer

Roster Behavior:

Instructions:

1. Multiple select allowed.

Following settings may be required during MHOP rather than CAPI:

Code PRND.GOVMNTHP as '1' (PAYS FOR COVERAGE DURING THE CURRENT

ROUND) for all persons from the PR380 roster who are selected.

Code PRND.GOVMNTHP as '2' (DOES NOT PAY FOR COVERAGE DURING THE

CURRENT ROUND) for all persons on the PR370 roster who are not selected.

Leave PRND.MEDGOVP blank (no value) for any RU member not on the roster at PR380.

Display Instructions:

Roster 2 - no add/edit/delete.

Roster definition: Use PR330 definition.

Roster filter: Use PR330 filter.

BOX 220

(PR1330)

Item Type: Route

Type Class: If Then

Route Details:

If round 3, continue with PR390.

Otherwise, go to PR410.

(PR1335)	BLAISE NAME: Gov	ProgAmt		
Question	Field kind: Datafield	ArrayMi	n: Min value: 0	
Real	Field Size: 9,2			
{Continuous Ans	swer. Answers allowed: 1	l ArrayMa	Max value: 999999.99	
)	☐ Show Card (()	☐ Look Up File ()
emium for {the {C	:URRENT ROUND'S INSUREF	R FOR GOVT-	HOSPITAL/PHYSICIAN}/that}	
			ease give me the	
ESS CALCULATOR	TO ADD ALL PREMIUMS.			
		1	PR400 (PR1340)	
REFUSED		RF	· · · · · · · · · · · · · · · · · · ·	
DON'T KNOW	7	DK	PR410 (PR1350)	
Allow for the en	ntry of dollars and cents.			
Display PR390,	PR400 and PR400OS on the	e same form p	oane.	
there is a curre is not 'RF' or 'D preloaded insu	ent round insurer associated DK' or EMPTY. (Check Insura Irer, the preloaded insurer v	d with the Gov ince.Insurer – was set to the	v't-Hospital/Physician insurance if PR330=2, RF, DK and there wa current insurer. Or if PR360 was	as a
	Question Real {Continuous Ans} } emium for {the {Continuous Ansemium for {the {Continuous	Question Field kind: Datafield Real Field Size: 9,2 {Continuous Answer.} Answers allowed:) Show Card Person Pays a Premium for This Cover emiums paid by all individuals with this cover emiums paid by all indivi	Question Field kind: Datafield ArrayMi Real Field Size: 9,2 {Continuous Answer.} Answers allowed: 1 ArrayMa } Show Card () PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Pleemiums paid by all individuals with this coverage. ESS CALCULATOR TO ADD ALL PREMIUMS. 1 REFUSED RF DON'T KNOW DK Allow for the entry of dollars and cents. Display PR390, PR400 and PR400OS on the same form presented in the coverage of t	Question Field kind: Datafield ArrayMin: Min value: 0 Real Field Size: 9,2 {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 999999.99)

For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer

(Insurance.Insurer). This may be a preloaded value set to the current value or the value

entered at PR360.

- un z cum spec						
PR400	(PR1340) B	LAISE NAME: GovPro	ogUnit			
Item Type:	Question	Field kind: Datafield	ArrayMiı	n: Min va	lue:	
Type Class:	Enumerated	Field Size:				
Answer Type:	TCOVERAGETIME	Answers allowed: 1	ArrayMa	x: Max v	alue:	
☐ Help Available ()	\square Show Card ()		Look Up File ()
Question Text:						
-						
[How much is the pr coverage?	emium for {the {CURR	ENT ROUND'S INSURER	FOR GOVT-	HOSPITAL/PHY	/SICIAN}/that}	
		IIUM FOR THIS COVERAC	•	ase give me the	e	
USE CTRL+Z TO ACC	ESS CALCULATOR TO A	ADD ALL PREMIUMS.]				
Is that per year, per	month, per week, or v	what?				
ENTER UNIT OF COV	/ERAGE					
Responses:	PER YEAR		1	PR410	(PR1350)	
•	EVERY 3 MONTH	S (QUARTERLY)	2	PR410	(PR1350)	
	EVERY 2 MONTH	S (BIMONTHLY)	3	PR410	(PR1350)	
	PER MONTH		4	PR410	(PR1350)	
	PER WEEK		5	PR410	(PR1350)	
	EVERY 2 WEEKS	(BIWEEKLY)	6	PR410	(PR1350)	
	2 TIMES PER YEA	R (SEMI-ANNUALLY)	7	PR410	(PR1350)	
	2 TIMES PER MON	NTH (SEMI-MONTHLY	") 8	PR410	(PR1350)	
	OTHER		91	PR400OS	(PR1345)	
	REFUSED		RF	PR410	(PR1350)	
	DON'T KNOW		DK	PR410	(PR1350)	

Display	
Instructions	

Display PR390, PR400 and PR400OS on the same form pane.

Display "How much ... ADD ALL PREMIUMS." in brackets and grayed out text.

Display 'the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was answered, the current insurer was set there). Otherwise, display 'that'.

For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR360.

<u>PR400OS</u> (<u>PR1345</u>) <u>BLAISE NAME:</u> GovProgUnitOS						
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min value:		
Type Class:	String	Field Size: 30				
Answer Type:	{Continuous	Answer.} Answers allowed: 1	ArrayMa	ax: Max value:		
☐ Help Available ()	☐ Show Card ()	☐ Look Up File ()	
Question Text:						
[How much is the proceed coverage?	emium for {th	ne {CURRENT ROUND'S INSURER	FOR GOVT-	HOSPITAL/PHYSICIAN}/that}		
IF MORE THAN ONE premiums paid by a			GE, SAY: Ple	ease give me the total amount for		
USE CTRL+Z TO ACC	ESS CALCULAT	FOR TO ADD ALL PREMIUMS.]				
SPECIFY: OTHER UN	IT OF COVERA	GE				
Responses:			1	PR410 (PR1350)		
•	REFUSED		RF	PR410 (PR1350)		
	DON'T KN	OW	DK	` '		

Display Instructions:

PR410

(PR1350)

Display PR390, PR400 and PR400OS on the same form pane.

Display "How much ... ADD ALL PREMIUMS." in brackets and grayed out text.

Display 'the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}' if there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was answered, the current insurer was set there). Otherwise, display 'that'.

For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer (Insurance.Insurer). This may be a preloaded value set to the current value or the value entered at PR360.

11110	DESTRUCTION OF THE PROPERTY OF						
Item Type:	Question	Field kind: Datafield	ArrayMi	n: Min valu	ie:		
Type Class:	Enumerated	Field Size:					
Answer Type:	TYESNO	Answers allowed: 1	ArrayMa	ax: Max val	ue:		
☐ Help Available	()	☐ Show Card ()		Look Up File ()	
Question Text:							
{PLAN NAME: {C	CURRENT ROUNI	O'S INSURER FOR GOVT-	HOSPITAI	L/PHYSICIAN}	}		
Is the cost of the pro	emium subsidized t	pased on family income?					
Responses:	YES		1	BOX_230	(PR1355)		
	NO		2	BOX_230	(PR1355)		
	REFUSED		RF	BOX_230	(PR1355)		
	DON'T KNOW		DK	BOX_230	(PR1355)		

BLAISE NAME: GovProgSubsdz

MEPS_V2 Full Detail Spec

Display Instructions:

Display 'PLAN NAME: {CURRENT ROUND'S INSURER FOR GOVT-

HOSPITAL/PHYSICIAN}' if

there is a current round insurer associated with the Gov't-Hospital/Physician insurance that is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer – if PR330=2, RF, DK and there was a preloaded insurer, the preloaded insurer was set to the current insurer. Or if PR360 was answered, the current insurer was set there). Otherwise, use a null display.

For '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}', display the actual plan name for the current round Gov't-Hospital/Physician insurer

(Insurance.Insurer). This may be a preloaded value set to the current value or the value

entered at PR360.

BOX 230 (PR1355) Item Type: Route Type Class: If Then

Route Details: [If round 3]

and

[If HX180 or HX280 was coded '1' (YES, PLAN IS EXCHANGE) the round the Gov't-Hospital/Physician insurance was created (Preload.Insurance.HX180AnsRndCreated or

Preload.Insurance.HX280AnsRndCreated)] and

[PR370 is coded '1' (YES, EVERYONE COVERED PAYS) or '2' (YES, SOME

COVERED PAY),] continue with PR420.

Otherwise, go to BOX 240.

(PR1360)	BLAISE NAME: GovPr	ogMetalPlan	
Ouestion	Field kind: Datafield	ArrayMin:	Min value:
~	Field Size:	v	
		ArravMax:	Max value:
	12115 11 0215 11210 11 0410 1	111111111111111111111111111111111111111	
e (METALPLANSI	Help) \square Show	Card ()	☐ Look Up File ()
		AL/PHYSICIAN)	} plan/this plan} a platinum,
			HELP: F1
PLATINUM P	LAN	1 BOX	X_240 (PR1365)
GOLD PLAN		2 BOX	X_240 (PR1365)
SILVER PLAN	J		X_240 (PR1365)
BRONZE PLA	N		X_240 (PR1365)
			X_240 (PR1365)
		_	
DOTT RIVOT	,	DR BO	<u> </u>
plan' if there is a cur is not 'RF' or ' was a preloade answered, the o For '{CURRENT the actual plan (Insurance.Insu	rent round insurer associated DK' or EMPTY. (Check Insudinsurer, the preloaded insurer current insurer was set there). ROUND'S INSURER FOR GOVER IN THE CURRENT FOR GOVERNMENT.	with the Gov't-Hourance.Insurer – if er was set to the content of	ospital/Physician insurance that PR330=2, RF, DK and there current insurer. Or if PR360 was by 'this plan'. (SICIAN)', display hysician insurer
(PR1365) Return to the F	Item Type: Route Health Insurance (HX) section	Type Class:	If Then
	Question Enumerated TPLANMETL E (METALPLANSI T ROUND'S INSU E, or catastrophic p PLATINUM P GOLD PLAN SILVER PLAN BRONZE PLA CATASTROP! IF VOLUNTE REFUSED DON'T KNOW Display 'the {C plan' if there is a cur is not 'RF' or ' was a preloade answered, the of For '{CURRENT the actual plan (Insurance.Insu entered at PR3	Question Field kind: Datafield Enumerated Field Size: TPLANMETL Answers allowed: 1 E (METALPLANSHelp)	Question Field kind: Datafield ArrayMin: Enumerated Field Size: TPLANMETL Answers allowed: 1 ArrayMax: C (METALPLANSHelp) Show Card () T ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN e, or catastrophic plan? PLATINUM PLAN 1 BOO GOLD PLAN 2 BOO SILVER PLAN 3 BOO CATASTROPHIC PLAN 5 BOO CATASTROPHIC PLAN 5 BOO CATASTROPHIC PLAN 5 BOO DON'T KNOW DK BOO DISPlay 'the {CURRENT ROUND'S INSURER FOR GOVT- plan' if there is a current round insurer associated with the Gov't-H is not 'RF' or 'DK' or EMPTY. (Check Insurance.Insurer — if was a preloaded insurer, the preloaded insurer was set to the c answered, the current insurer was set there). Otherwise, display for '{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHY the actual plan name for the current round Gov't-Hospital/PHY (Insurance.Insurer). This may be a preloaded value set to the entered at PR360.

[End of PR]