

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= PR700S, PR1300S, PR2400S, PR4000S

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.

LOOP_10 (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:	

Help Available (CAREMANAGEHelp) Show Card () Look Up File ()

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

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	.....	1	PR20	(PR1030)
	NO	.....	2	PR90	(PR1070)
	REFUSED	.....	RF	PR90	(PR1070)
	DON'T KNOW	.....	DK	PR90	(PR1070)

Display 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:	String	Field Size: 25		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

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

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:

.....	1	PR30	(PR1035)
REFUSED	RF	PR30	(PR1035)
DON'T KNOW	DK	PR30	(PR1035)

Programmer Instructions: Set Insurance.Insurer to PR20.

Display Instructions: 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.

PR30	(PR1035)	BLAISE NAME: MAMCPmed		
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 FIRST MIDDLE AND LAST NAME}

Question Text:

{{Do/Does}/Did} {you/{PERSON}} have prescribed medicine coverage through {{NAME OF PLAN FROM PR20}/{your/his/her} Medicare managed care plan} {as of {PERSON'S END DATE}}?

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

Programmer Instructions: If Round 3, continue with PR40.
 Otherwise, go to END_LP10.

Display Instructions: Display '{Do/Does}' if not round 5. Display 'Did' if round 5.

 Display '{NAME OF PLAN FROM PR20}' if a plan name was entered at PR20. Display '{your/his/her} Medicare managed care plan' if PR20 is coded 'RF' (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.

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

Full Detail Spec

PR40	(PR1040)	BLAISE NAME: MAMCPayPrem		
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 (PREMPAYHelp) Show Card () Look Up File ()

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

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	.....	2	END_LP10	(PR1105)
	REFUSED	.....	RF	END_LP10	(PR1105)
	DON'T KNOW	.....	DK	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' (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.

Full Detail Spec

PR50

(PR1045)

BLAISE NAME: MAMCHowPaid

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**

Type Class: Enumerated **Field Size:**

Answer Type: THOWPAYMCARE **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available ()

Show Card ()

Look Up File ()

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

Question Text:

How {do/does} {you/{PERSON}} pay for {your/his/her} {{NAME OF PLAN FROM PR20}/Medicare managed care} premium?

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

Responses:

DEDUCTED FROM 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:

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

Full Detail Spec

PR60 **(PR1050)** **BLAISE NAME:** MAMCCovgAmt
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:** 0
Type Class: Real **Field Size:** 9,2
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:** 999999.99

Help Available () Show Card () Look Up File ()

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

Question Text:

How much {is {your/{PERSON}'s} Social Security deduction/{do/does} {you/{PERSON}} pay in premiums} for {your/his/her} {NAME OF PLAN FROM PR20} plan?

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

ENTER AMOUNT

Responses: 1 PR70 (PR1055)
REFUSED RF PR80 (PR1065)
DON'T KNOW DK PR80 (PR1065)

Programmer Instructions: Allow for an entry of dollars and cents.

Display Instructions: Display PR60, PR70 and PR700S on the same form pane.

Display 'is {your/{PERSON}'s} Social Security deduction' if PR50 is coded '1' (DEDUCTED FROM SOCIAL SECURITY'. Display {do/does} {you/{PERSON}} pay in premiums' if PR50 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

Display '{NAME OF PLAN FROM PR20}' if a Medicare plan name was 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 name was entered.

PR70 **(PR1055)** **BLAISE NAME:** MAMCCovgUnit
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOVERAGETIME **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

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

Question Text:

[How much {is {your/{PERSON}'s} Social Security deduction/{do/does} {you/{PERSON}} pay in premiums} for {your/his/her} {NAME OF PLAN FROM PR20} plan?]

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

ENTER UNIT OF COVERAGE

Responses:

PER YEAR	1	END_LP10	(PR1105)
EVERY 3 MONTHS (QUARTERLY)	2	END_LP10	(PR1105)
EVERY 2 MONTHS (BIMONTHLY)	3	END_LP10	(PR1105)
PER MONTH	4	END_LP10	(PR1105)
PER WEEK	5	END_LP10	(PR1105)
EVERY 2 WEEKS (BIWEEKLY)	6	END_LP10	(PR1105)
2 TIMES PER YEAR (SEMI-ANNUALLY)	7	END_LP10	(PR1105)
2 TIMES PER MONTH (SEMI-MONTHLY)	8	END_LP10	(PR1105)
OTHER	91	PR70OS	(PR1060)
REFUSED	RF	END_LP10	(PR1105)
DON'T KNOW	DK	END_LP10	(PR1105)

Display Instructions:

Display PR60, PR70 and PR70OS on the same form pane.

Display the first paragraph of question text in brackets and grayed out text.

Display 'is {your/{PERSON}'s} Social Security deduction' if PR50 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR50 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

Display '{NAME OF PLAN FROM PR20}' if a Medicare plan name was 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 name was entered.

PR70OS	(PR1060)	BLAISE NAME: MAMCCovgUnitOS		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	String	Field Size: 25		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

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

Question Text:

[How much {is {your/{PERSON}'s} Social Security deduction/{do/does} {you/{PERSON}} pay in premiums} for {your/his/her} {NAME OF PLAN FROM PR20} plan?]

SPECIFY: OTHER UNIT OF COVERAGE

Responses:

-----	1	END_LP10	(PR1105)
REFUSED	-----	RF	END_LP10 (PR1105)
DON'T KNOW	-----	DK	END_LP10 (PR1105)

Display Instructions:

Display PR60, PR70 and PR70OS on the same form pane.

Display the first paragraph of question text in brackets and grayed out text.

Display 'is {your/{PERSON}'s} Social Security deduction' if PR50 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR50 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

Display '{NAME OF PLAN FROM PR20}' if a Medicare plan name was 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 name was entered.


PR80 **(PR1065)** **BLAISE NAME:** MAMCCovgRng
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOSTPLANMONTH **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card (HX-5) Look Up File ()

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

Question Text:

{PLAN NAME: {NAME OF PLAN FROM PR20}}

 HX-5

Which category on card HX-5 best indicates the cost of this plan per month?

Responses:	\$1-\$50	-----	1	END_LP10	(PR1105)
	\$51-\$100	-----	2	END_LP10	(PR1105)
	\$101-\$200	-----	3	END_LP10	(PR1105)
	\$201-\$300	-----	4	END_LP10	(PR1105)
	\$301 OR MORE	-----	5	END_LP10	(PR1105)
	REFUSED	-----	RF	END_LP10	(PR1105)
	DON'T KNOW	-----	DK	END_LP10	(PR1105)

Display Instructions:

Display 'PLAN NAME: {NAME OF PLAN FROM PR20}' if a Medicare plan name was 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 name was entered.

PR90	(PR1070)	BLAISE NAME: MAMCPartD			
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 (PartDHelp) Show Card () Look Up File ()

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

Question Text:

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

HELP: F1

Responses:	YES	.....	1		
	NO	.....	2	END_LP10	(PR1105)
	REFUSED	.....	RF	END_LP10	(PR1105)
	DON'T KNOW	.....	DK	END_LP10	(PR1105)

Programmer Instructions: If coded '1' (YES) and Round 3, continue with PR100.
 Otherwise (if coded '1' (YES) and rounds 2, 4, or 5), go to END_LP10.

Display Instructions: Display '{Are/Is}' if not round 5. Display '{Were/Was}' if round 5. Display 'as of {PERSON'S END DATE}' if round 5. Otherwise, use a null display.

Full Detail Spec

PR100

(PR1075)

BLAISE NAME: MAMCPayPartD

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 (PREMPAYHelp) Show Card () Look Up File ()

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

Question Text:

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)?

[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 PR110 (PR1080)
NO 2 END_LP10 (PR1105)
REFUSED RF END_LP10 (PR1105)
DON'T KNOW DK END_LP10 (PR1105)

Display Instructions:

Full Detail Spec

PR110

(PR1080)

BLAISE NAME: MAMCHowPayPartD

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: THOWPAYMCARE **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available ()

Show Card ()

Look Up File ()

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

Question Text:

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?

Responses:

DEDUCTED FROM SOCIAL SECURITY	1	PR120	(PR1085)
PAY DIRECTLY	2	PR120	(PR1085)
BOTH	3	PR120	(PR1085)
REFUSED	RF	END_LP10	(PR1105)
DON'T KNOW	DK	END_LP10	(PR1105)

Display Instructions:

Full Detail Spec

PR120 **(PR1085)** **BLAISE NAME:** MAMCAmtPayPartD
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:** 0
Type Class: Real **Field Size:** 9,2
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:** 999999.99

Help Available () Show Card () Look Up File ()

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

Question Text:

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

Responses: 1 PR130 (PR1090)
REFUSED RF PR140 (PR1100)
DON'T KNOW DK PR140 (PR1100)

Programmer Instructions: Allow for the entry of dollars and cents.

Display Instructions: Display PR120, PR130, PR130OS on the same form pane.
Display 'is {your/{PERSON}'s} Social Security deduction' if PR110 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR110 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

PR130 **(PR1090)** **BLAISE NAME:** MAMCUnitPayPartD
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOVERAGETIME **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

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

Question Text:

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

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

ENTER UNIT OF COVERAGE

Responses:	PER YEAR	1	END_LP10	(PR1105)
	EVERY 3 MONTHS (QUARTERLY)	2	END_LP10	(PR1105)
	EVERY 2 MONTHS (BIMONTHLY)	3	END_LP10	(PR1105)
	PER MONTH	4	END_LP10	(PR1105)
	PER WEEK	5	END_LP10	(PR1105)
	EVERY 2 WEEKS (BIWEEKLY)	6	END_LP10	(PR1105)
	2 TIMES PER YEAR (SEMI-ANNUALLY)	7	END_LP10	(PR1105)
	2 TIMES PER MONTH (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, PR130, PR130OS on the same form pane.

Display the "How much{is {your/{PERSON}'s} Social Security..." in brackets and grayed out text.

Display 'is {your/{PERSON}'s} Social Security deduction' if PR110 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR110 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

PR130OS **(PR1095)** **BLAISE NAME:** MAMCUnitPayPartDOS
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: String **Field Size:** 25
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

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

Question Text:

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

SPECIFY: OTHER UNIT OF COVERAGE

Responses: 1 END_LP10 (PR1105)
REFUSED RF END_LP10 (PR1105)
DON'T KNOW DK END_LP10 (PR1105)

Display Instructions:

Display PR120, PR130, PR130OS on the same form pane.
Display the "How much{is {your/{PERSON}'s} Social Security..." in brackets and grayed out text.
Display 'is {your/{PERSON}'s} Social Security deduction' if PR110 is coded '1' (DEDUCTED FROM SOCIAL SECURITY). Display '{do/does} {you/{PERSON}} pay in premiums' if PR110 is coded '2' (PAY DIRECTLY) or '3' (BOTH).

PR140 **(PR1100)** **BLAISE NAME:** MAMCRngPayPartD
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOSTPLANMONTH **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card (HX-6) Look Up File ()

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

Question Text:

 HX-6

Which category on card HX-6 best indicates the cost of this plan per month?

Responses:

\$1-\$30	.....	1	END_LP10	(PR1105)
\$31-\$60	.....	2	END_LP10	(PR1105)
\$61-\$90	.....	3	END_LP10	(PR1105)
\$91-\$120	.....	4	END_LP10	(PR1105)
\$121 OR MORE	.....	5	END_LP10	(PR1105)
REFUSED	.....	RF	END_LP10	(PR1105)
DON'T KNOW	.....	DK	END_LP10	(PR1105)

Display Instructions:

END LP10 **(PR1105)** **Item Type:** Route **Type Class:** If Then

Route Details: Cycle on next insurance that meets the conditions stated in the loop definition.

 If no other insurance meets the stated conditions, end LOOP_10 and continue with BOX_30.

BOX 30 **(PR1110)** **Item Type:** Route **Type Class:** If Then

Route Details: If any RU member had Medicaid/SCHIP as a source of insurance at any time during the previous round (at least one RU member where Preload.Insurance.HISrc=Medicaid, Preload.Insurance.Plcyhdr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd={previous round number} and Preload.Insurance.OrigRnd<>current round), continue with PR150_01.

Otherwise, go to BOX_90.

PR150_01 **(PR1115)** **BLAISE NAME:** ConfCaid
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 (MEDICATHelp) Show Card () Look Up File ()

Question Text:

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}.

{Have you/Has {PERSON 1}} been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START DATE}/between {START DATE} and {END DATE}}?

HELP: F1

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW 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.PlcyHdr=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: If all current RU members are displayed at PR150_01-PR150_N, go to BOX_50.

 Otherwise, continue with PR160_01.

PR160_01 **(PR1125)** **BLAISE NAME:** OthMmbCaid
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 (MEDICATHelp) Show Card () Look Up File ()

Question Text:

Besides the people we’ve just talked about, please think about whether any additional household members have been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START DATE}/between {START DATE} and {END DATE}}.

{Have you/Has {PERSON 1} been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since {START DATE}/between {START DATE} and {END DATE}}?

HELP: F1

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

Programmer Instructions: Preloaded Grid type 1: Forced navigation including PR160_01, PR160_02, PR160_03, 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={Medicaid/{STATE NAME FOR MEDICAID}}/{STATE CHIP NAME}] and Insurance.Plcyhdr= 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 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.

PR170	(PR1140)	BLAISE NAME: CaidNameChng		
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 ()

Question Text:

{Last time we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} may be covered by {PRELOAD MEDICAID/SCHIP INSURER}.}

{Since {START DATE}/Between {START DATE} and {END DATE}}, has there been any change in the plan name of the health insurance {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} {has/have} through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?

Responses:	YES	.....	1	PR180	(PR1145)
	NO	.....	2	BOX_70	(PR1160)
	REFUSED	.....	RF	BOX_70	(PR1160)
	DON'T KNOW	.....	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.

Full Detail Spec

PR180

(PR1145)

BLAISE NAME: CaidHMO

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: THMOSIGND **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (HMOHelp) Show Card () Look Up File ()

Question Text:

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {{are/is}/{were/was}}
 {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} 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.]

HELP: F1

Responses:

YES, ALL ARE	1	PR200	(PR1155)
YES, SOME ARE	2	PR200	(PR1155)
NO, NONE ARE	3	PR190	(PR1150)
REFUSED	RF	PR190	(PR1150)
DON'T KNOW	DK	PR190	(PR1150)

**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:** CaidPrimaryMD
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: THMOSIGND_1 **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (PROGDRHelp) Show Card () Look Up File ()

Question Text:

{Does /Between {START DATE} and {END DATE}, did} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} require {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} 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.

HELP: F1

Responses:

YES, ALL REQUIRED	1	PR200	(PR1155)
YES, SOME REQUIRED	2	PR200	(PR1155)
NO, NONE REQUIRED	3	BOX_70	(PR1160)
REFUSED	RF	BOX_70	(PR1160)
DON'T KNOW	DK	BOX_70	(PR1160)

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 NAME: CaidPlanName		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	String	Field Size: 25		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Question Text:

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

ENTER PLAN NAME

Responses: 1 BOX_70 (PR1160)
REFUSED RF BOX_70 (PR1160)
DON'T KNOW DK BOX_70 (PR1160)

Programmer Instructions: Set Insurance.Insurer= 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 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.

Display 'HMO' if PR180 is coded '1' (YES, ALL ARE) or '2' (YES, SOME ARE). Display 'health insurance' if PR190 is coded '1' (YES, ALL REQUIRED) or '2' (YES, SOME REQUIRED).

BOX 70 **(PR1160)** **Item Type:** Route **Type Class:** If Then

Route Details: If round 2, round 3, or round 4 continue with PR210.

Otherwise, (i.e. round 5), go to BOX_90.

PR210 **(PR1165)** **BLAISE NAME:** CaidPayPrem
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TWHOCOVEDPA **Answers allowed:** 1 **ArrayMax:** **Max value:**

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

Question Text:

Is there a monthly premium for {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} for the coverage through {{CURRENT ROUND'S MEDICAID/SCHIP INSURER} / {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.

HELP:F1

Responses: YES, EVERYONE COVERED PAYS 1 BOX_80 (PR1175)
 YES, SOME COVERED PAY 2 PR220 (PR1170)
 NO, NO ONE COVERED PAYS 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:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TFIRSTMIDLASTNA	Answers allowed: 99	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Question Text:

Who has a monthly premium for that coverage?

PROBE: Anyone else?

ENTER ALL THAT APPLY.

HELP: F1

Responses:	{FIRST NAME [MIDDLE NAME] LAST NAME}1	----- 1	BOX_80	(PR1175)
	{FIRST NAME [MIDDLE NAME] LAST NAME}2	----- 2	BOX_80	(PR1175)
	{FIRST NAME [MIDDLE NAME] LAST NAME}3	----- 3	BOX_80	(PR1175)
	{FIRST NAME [MIDDLE NAME] LAST NAME}4	----- 4	BOX_80	(PR1175)
	{FIRST NAME [MIDDLE NAME] LAST NAME}N	----- 5	BOX_80	(PR1175)

**Programmer
Instructions:**

Roster Behavior:
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.

PR230	(PR1180)	BLAISE NAME: CaidCovgAmt		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value: 0
Type Class:	Real	Field Size: 9,2		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value: 999999.99

Help Available () Show Card () Look Up File ()

Question Text:

How much is the premium for {the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.

Responses:

.....	1	PR240	(PR1185)
REFUSED	RF	PR250	(PR1195)
DON'T KNOW	DK	PR250	(PR1195)

Programmer Instructions: Allow for the entry of dollars and cents.

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

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.

Full Detail Spec

PR240

(PR1185)

BLAISE NAME: CaidCovgUnit

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOVERAGETIME **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

Question Text:

[How much is the premium for {the {CURRENT ROUND'S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

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

ENTER UNIT OF COVERAGE

Responses:	PER YEAR	1	PR250	(PR1195)
	EVERY 3 MONTHS (QUARTERLY)	2	PR250	(PR1195)
	EVERY 2 MONTHS (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 (SEMI-ANNUALLY)	7	PR250	(PR1195)
	2 TIMES PER MONTH (SEMI-MONTHLY)	8	PR250	(PR1195)
	OTHER	91	PR240OS	(PR1190)
	REFUSED	RF	PR250	(PR1195)
	DON'T KNOW	DK	PR250	(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	(PR1190)	BLAISE NAME: CaidCovgUnitOS			
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:	
Type Class:	String	Field Size: 30			
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:	

Help Available () Show Card () Look Up File ()

Question Text:

[How much is the premium for {the {CURRENT ROUND’S MEDICAID/SCHIP INSURER}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

Responses:

.....	1	PR250	(PR1195)
REFUSED	RF	PR250	(PR1195)
DON'T KNOW	DK	PR250	(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 the current value or the value entered at PR200.

PR250	(PR1195)	BLAISE NAME: CaidPremSubsdz		
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 ()

Question Text:

{PLAN NAME: {CURRENT ROUND’S MEDICAID/SCHIP INSURER}}

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

Responses:	YES	.....	1	BOX_90	(PR1200)
	NO	.....	2	BOX_90	(PR1200)
	REFUSED	.....	RF	BOX_90	(PR1200)
	DON'T KNOW	.....	DK	BOX_90	(PR1200)

**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.

Full Detail Spec

PR260_01

(PR1205)

BLAISE NAME: ConfMilitHI

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)

Show Card ()

Look Up File ()

Question Text:

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} covered by military health care, such as TRICARE, CHAMPVA, or VA coverage.

{Have you/Has {PERSON 1} 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}}?

HELP:F1

Responses:

YES	.....	1
NO	.....	2
REFUSED	.....	RF
DON'T KNOW	.....	DK

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.Plcyhdr=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: If all current RU members are displayed at PR260_01-PR260_N, go to BOX_110.
 Otherwise, continue with PR270_01.

PR270 01 **(PR1215)** **BLAISE NAME:** OthMmbMilitHI
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) Show Card () Look Up File ()

Question Text:

Besides the people we've just talked about, please think about whether any additional household members have 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}}?

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}.

{Have you/Has {PERSON 1}} 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}}?

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.Plyhldr = 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.

Full Detail Spec

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:**

Full Detail Spec

PR280_01

(PR1225)

BLAISE NAME: CodeAllMilitPlanPR

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**

Type Class: Enumerated **Field Size:**

Answer Type: TMILITARYCOVER **Answers allowed:** 6 **ArrayMax:** **Max value:**

Help Available (CHAMPTRIHHelp)

Show Card ()

Look Up File ()

Question Text:

What types of military health coverage {do/does} {you/PERSON 1}} have? {Do you/Does {he/she}} have TRICARE Standard, TRICARE Prime, TRICARE Extra, TRICARE for Life, CHAMPVA, or VA (Veteran's Administration)?

ENTER ALL THAT APPLY.

HELP:F1

- Responses:**
- TRICARE STANDARD 1
 - TRICARE PRIME 2
 - TRICARE EXTRA 3
 - TRICARE FOR LIFE 4
 - CHAMPVA 5
 - VA (VETERAN'S ADMINISTRATION) 6

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
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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: If any RU member had INDIAN HEALTH SERVICE as a source of insurance at any time during the previous round (at least one RU member where Preload.Insurance.HISrc=IHS, Preload.Insurance.Plcyhdr=PersID where Person.MostRecentRU=RUUnit and Preload.CovdPers.LRndCovd={previous round number} and Preload.Insurance.OrigRnd<>current round), continue with PR290_01.

Otherwise, go to BOX_170.

PR290_01 **(PR1240)** **BLAISE NAME:** ConfIHSPlan
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 ()

Question Text:

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} enrolled in the Indian Health Service (IHS). The Indian Health Service provides health care only to eligible Alaska Natives and American Indians at its Federal hospitals and clinics.

{ Were you/Was{PERSON 1} } enrolled in the Indian Health Service (IHS) at any time {since {START DATE}/between {START DATE} and {END DATE}}?

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

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.PlcyHdr=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, continue with PR300_01.

PR300_01 **(PR1250)** **BLAISE NAME:** OthMmbIHSPlan
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 ()

Question Text:

Besides the people we've just talked about, please think about whether any additional household members have been enrolled in Indian Health Services (IHS) at any time {since {START DATE}/between {START DATE} and {END DATE}}?

{Were you/Was {PERSON 1}} enrolled in Indian Health Services (IHS) at any time {since {START DATE}/between {START DATE} and {END DATE}}?

IF NECESSARY, SAY: The Indian Health Service (IHS) is the health care system for federally recognized American Indian and Alaska Natives. The IHS is not a health insurance provider but rather, it provides healthcare only to eligible Alaska Natives and American Indians at its federal hospitals and clinics.

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

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) at any time {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.

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.

Full Detail Spec

PR310_01

(PR1270)

BLAISE NAME: ConfGovProg

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 (INSTYPESHelp)

Show Card ()

Look Up File ()

Question Text:

During the last interview, we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON N} {was/were} covered by {PRELOAD GOVT-HOSP/PHY NAME}, a program sponsored by a state or local government agency which provided hospital and physician benefits.

{Have you/Has {PERSON 1}} been covered by this program or some other program sponsored by a state or local government agency which provided hospital and physician benefits at any time {since {START DATE}/between {START DATE} and {END DATE}}?

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 at any 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 RU members are displayed in PR310_01-PR310_N, go to BOX_190.
Otherwise, continue with PR320_01.

PR320_01 **(PR1280)** **BLAISE NAME:** OthMmbGovProg
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 (INSTYPESHelp) Show Card () Look Up File ()

Question Text:

Besides the people we've just talked about, please think about whether any additional household members have been covered by a program sponsored by a state or local government agency which provides physician benefits at any time {since {START DATE}/between {START DATE} and {END DATE}}?

{Have you/Has {PERSON 1}} been covered by a program like this at any time {since {START DATE}/between {START DATE} and {END DATE}}?

HELP: F1

Responses: YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

**Programmer
Instructions:**

Preloaded grid type 1: Forced navigation including PR320_01, PR320_02, PR320_03, PR320_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 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 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 at any 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.

Full Detail Spec

PR330

(PR1295)

BLAISE NAME: GovProgNameChng

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 ()

Question Text:

{Last time we recorded that {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} may be covered by {PRELOAD GOVT-HOSP/PHYS INSURER}.}

{Since {START DATE}/Between {START DATE} and {END DATE}}, has there been any change in the plan name of the health insurance {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} {has/have} through the program sponsored by a state or local government agency which provides hospital and physician benefits?

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 "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'.

Full Detail Spec

PR340	(PR1300)	BLAISE NAME: GovProgHMO		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	THMOSIGND	Answers allowed: 1	ArrayMax:	Max value:

Help Available (HMOHelp) Show Card () Look Up File ()

Question Text:

Under the program sponsored by a state or local government agency which provides hospital and physician benefits {{are/is}/{were/was}} {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} 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.]

HELP:F1

Responses:	YES, ALL ARE	1	PR360	(PR1310)
	YES, SOME ARE	2	PR360	(PR1310)
	NO, NONE ARE	3	PR350	(PR1305)
	REFUSED	RF	PR350	(PR1305)
	DON'T KNOW	DK	PR350	(PR1305)

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 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.

Full Detail Spec

PR350

(PR1305)

BLAISE NAME: GovProgPrimaryMD

Item Type:

Question

Field kind: Datafield

ArrayMin:

Min value:

Type Class:

Enumerated

Field Size:

Answer Type:

THMOSIGND_1

Answers allowed: 1

ArrayMax:

Max value:

Help Available (PROGDRHelp)

Show Card ()

Look Up File ()

Question Text:

{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 {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} 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.

HELP:
F1

Responses:

YES, ALL REQUIRED	1	PR360	(PR1310)
YES, SOME REQUIRED	2	PR360	(PR1310)
NO, NONE REQUIRED	3	BOX_210	(PR1315)
REFUSED	RF	BOX_210	(PR1315)
DON'T KNOW	DK	BOX_210	(PR1315)

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 Govt-Hospital/Physician.

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

PR360	(PR1310)	BLAISE NAME: GovProgPlanName		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	String	Field Size: 40		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Question Text:

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

Responses:

.....	1	BOX_210	(PR1315)
REFUSED	RF	BOX_210	(PR1315)
DON'T KNOW	DK	BOX_210	(PR1315)

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.

Full Detail Spec

PR370

(PR1320)

BLAISE NAME: GovProgPayPrem

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**

Type Class: Enumerated **Field Size:**

Answer Type: TWHOCOVEREDPA **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (PREMPAYHelp)

Show Card ()

Look Up File ()

Question Text:

Is there a monthly premium for {PERSON 1}, {PERSON 2}, {PERSON 3}, {PERSON 4}, {PERSON N} for the coverage through {{CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/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.

HELP: F1

Responses:	YES, EVERYONE COVERED PAYS	1	BOX_220	(PR1330)
	YES, SOME COVERED PAY	2	PR380	(PR1325)
	NO, NO ONE COVERED PAYS	3	BOX_240	(PR1365)
	REFUSED	RF	BOX_240	(PR1365)
	DON'T KNOW	DK	BOX_240	(PR1365)

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.PRMPRE), code PRND.GOVNTHP 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.PRMPRE), code PRND.GOVNTHP 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.PRMPRE), code PRND.GOVNTHP equal to the missing value in HOME.PRMPRE 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.

**Programmer
Instructions:**

Roster Behavior:
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.

PR390 **(PR1335)** **BLAISE NAME:** GovProgAmt
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:** 0
Type Class: Real **Field Size:** 9,2
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:** 999999.99

Help Available () Show Card () Look Up File ()

Question Text:

How much is the premium for {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.

ENTER AMOUNT

Responses: 1 PR400 (PR1340)
REFUSED RF PR410 (PR1350)
DON'T KNOW DK PR410 (PR1350)

Programmer Instructions: Allow for the entry of dollars and cents.

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

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.

PR400 **(PR1340)** **BLAISE NAME:** GovProgUnit
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCOVERAGETIME **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

Question Text:

[How much is the premium for {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

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

ENTER UNIT OF COVERAGE

Responses:	PER YEAR	1	PR410	(PR1350)
	EVERY 3 MONTHS (QUARTERLY)	2	PR410	(PR1350)
	EVERY 2 MONTHS (BIMONTHLY)	3	PR410	(PR1350)
	PER MONTH	4	PR410	(PR1350)
	PER WEEK	5	PR410	(PR1350)
	EVERY 2 WEEKS (BIWEEKLY)	6	PR410	(PR1350)
	2 TIMES PER YEAR (SEMI-ANNUALLY)	7	PR410	(PR1350)
	2 TIMES PER MONTH (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.

PR400OS	(PR1345)	BLAISE NAME: GovProgUnitOS			
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:	
Type Class:	String	Field Size: 30			
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:	

Help Available ()

Show Card ()

Look Up File ()

Question Text:

[How much is the premium for {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}/that} coverage?

IF MORE THAN ONE PERSON PAYS A PREMIUM FOR THIS COVERAGE, SAY: Please give me the total amount for premiums paid by all individuals with this coverage.

USE CTRL+Z TO ACCESS CALCULATOR TO ADD ALL PREMIUMS.]

SPECIFY: OTHER UNIT OF COVERAGE

Responses:

.....	1	PR410	(PR1350)
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.

PR410	(PR1350)	BLAISE NAME: GovProgSubsdz		
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 ()

Question Text:

{PLAN NAME: {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN}}

Is the cost of the premium subsidized based 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)

**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.

PR420	(PR1360)	BLAISE NAME: GovProgMetalPlan		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TPLANMETL	Answers allowed: 1	ArrayMax:	Max value:

Help Available (METALPLANSHelp) Show Card () Look Up File ()

Question Text:

Is {the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN} plan/this plan} a platinum, gold, silver, bronze, or catastrophic plan?

HELP: F1

Responses:	PLATINUM PLAN	1	BOX_240	(PR1365)
	GOLD PLAN	2	BOX_240	(PR1365)
	SILVER PLAN	3	BOX_240	(PR1365)
	BRONZE PLAN	4	BOX_240	(PR1365)
	CATASTROPHIC PLAN	5	BOX_240	(PR1365)
	IF VOLUNTEERED: SOMETHING ELSE	6	BOX_240	(PR1365)
	REFUSED	RF	BOX_240	(PR1365)
	DON'T KNOW	DK	BOX_240	(PR1365)

Display Instructions:

Display 'the {CURRENT ROUND'S INSURER FOR GOVT- HOSPITAL/PHYSICIAN} plan'
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 'this plan'.

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_240	(PR1365)	Item Type: Route	Type Class: If Then
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Route Details: Return to the Health Insurance (HX) section.

[End of PR]