



YES ..... 1  
NO ..... 2  
REF ..... -7  
DK ..... -8  
PRESS F1 FOR DEFINITION OF MEDICARE PART D.

-----  
| DISPLAY 'At any time since (START DATE)' AND |  
| '(have/has)' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE)' AND '(were/was)' |  
| IF ROUND 5. |  
|  
| DISPLAY 'been' IF NOT ROUND 5. OTHERWISE, USE A |  
NULL DISPLAY.

BOX\_01B  
=====

-----  
| NOTE: CURRENTLY ALL STATES OFFER MEDICARE |  
MANAGED CARE PLANS

-----  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |  
| **DOES NOT** OFFER A MEDICARE MANAGED CARE PLAN, CODE |  
| PR02 AND PR03 '2' (NO) AUTOMATICALLY BY CAPI AND |  
GO TO END\_LP01.

-----  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |  
| **DOES** OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE |  
WITH PR02

PR02  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}  
{END-DT}  
SHOW CARD PR-1.

As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in managed care plans such as HMOs (health maintenance organizations) or PPOs (preferred provider organizations) to receive their Medicare funded health care. These plans have names like those listed on this card. Is the name of (PERSON)'s insurance through Medicare{, between (START DATE) and (END DATE),} listed on this card?

YES ..... 1  
NO ..... 2 {PR03}  
REF ..... -7 {PR03}  
DK ..... -8 {PR03}  
PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

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

PR02OV  
=====

Which insurance plan is (PERSON)'s Medicare managed care plan?  
CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..... {END\_LP01}

-----  
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |  
| THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN |  
| SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN |  
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |  
| THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. |  
|  
| FOR 'DISPLAY PLAN NAME SELECTED' DISPLAY THE |  
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |  
ENTERED FOR THIS STATE.

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

PR03  
=====

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

Even though (PERSON)'s Medicare plan was not listed on the card,  
{(are/is) (PERSON) currently/between (START DATE) and (END DATE)  
(were/was) (PERSON)} enrolled in a Medicare managed care plan  
such as an HMO (health maintenance organization) or PPO (preferred  
provider organization)? (When answering this question, please  
include only insurance from Medicare, not any privately purchased  
insurance.)

YES ..... 1 {PR04}  
NO ..... 2 {END\_LP01}  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}  
PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

-----  
| DISPLAY '(are/is) (PERSON) currently' IF NOT |  
| ROUND 5. DISPLAY 'between (START DATE) and |  
(END DATE), (were/was)' (PERSON) IF ROUND 5.

PR03A  
=====

OMITTED.

PR04  
=====

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

What is the name of the (PERSON)'s Medicare managed care plan?  
[Enter Plan Name] .....

REF ..... -7  
DK ..... -8

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

PR05  
=====

OMITTED.

PR06  
=====

OMITTED.

END\_LP01  
=====

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

-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |  
END LOOP\_01 AND CONTINUE WITH BOX\_02

BOX\_02  
=====

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

-----  
OTHERWISE, GO TO BOX\_05

PR07  
=====

{STR-DT}  
{END-DT}

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

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

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

- YES, ALL ..... 1
- NO, ONLY SOME ..... 2
- NO, NONE ..... 3
- REF ..... -7 {BOX\_05}
- DK ..... -8 {BOX\_05}

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

NAME BY STATE, SEE BOX ON HX06.
DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS,
SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.
FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX
ON HX06.
-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO
WERE COVERED BY MEDICAID/SCHIP AT ANY TIME DURING
THE PREVIOUS ROUND.
-----  
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |  
| LISTED HERE AS 'COVERED BY MEDICAID/SCHIP DURING |  
CURRENT ROUND.' THEN GO TO BOX\_03
IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS
LISTED HERE AS 'NOT COVERED BY MEDICAID/SCHIP
DURING CURRENT ROUND.'
-----  
| IF CODED '3' (NO, NONE) |  
| AND |  
| IF ANY CURRENT RU MEMBERS **NOT** LISTED AT PR07, |  
GO TO PR09
IF CODED '3' (NO, NONE)
AND
IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07,
GO TO BOX\_05
-----  
IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR08

PR08  
=====

{STR-DT}  
{END-DT}  
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or  
{STATE CHIP NAME} {since (START DATE)/between (START DATE) and  
(END DATE)}?  
PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR  
MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between  
(START DATE) and (END DATE)}?  
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.  
[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]

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

-----  
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.  
-----

-----  
DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.  
-----

-----  
DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.  
-----

-----  
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY MEDICAID/SCHIP AT ANY TIME DURING THE PREVIOUS ROUND.  
-----

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

BOX\_03

=====

-----  
IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP\_02  
-----

-----  
OTHERWISE, CONTINUE WITH PR09  
-----

PR09

=====

{STR-DT}  
{END-DT}

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

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

PRESS F1 FOR DEFINITION OF MEDICAID/SCHIP.

-----  
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.  
-----

-----  
DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.  
-----

-----  
DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.  
-----

-----  
IF CODED '2' (NO), '-7' (REFUSED), OR '8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER IS FLAGGED AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND,' GO TO LOOP\_02  
-----

-----  
IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND NO RU MEMBERS ARE FLAGGED AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND,' GO TO BOX\_05  
-----

-----  
OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR10  
-----

PR10  
=====

{STR-DT}  
{END-DT}  
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?  
PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?  
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.  
[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]  
[3. First Name, [Middle Name], Last Name-65]

-----  
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM  
-----

NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS,  
SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.  
FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX  
ON HX06.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'between (START DATE) and (END DATE)' IF  
ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS  
ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING  
CONDITION:  
- PERSON WAS NOT FLAGGED AS 'COVERED BY MEDICAID/  
SCHIP' DURING THE PREVIOUS ROUND

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

LOOP\_02

=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  
PAIRS-ROSTER, ASK BOX\_04 - END\_LP02

LOOP DEFINITION: LOOP\_02 COLLECTS TIME PERIOD  
COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/  
SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-  
PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:  
- ESTABLISHMENT IS MEDICAID/SCHIP  
AND  
- PERSON IS COVERED BY MEDICAID/SCHIP DURING THE  
CURRENT ROUND

BOX\_04

=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION  
FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH  
END\_LP02

END\_LP02

=====

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-  
PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS

```

| STATED IN THE LOOP DEFINITION. |
|-----|
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_02 AND CONTINUE WITH PR11 |
|-----|

```

PR11  
=====

```

{STR-DT}
{END-DT}
{PLAN NAME: {NAME OF PREV RD'S MEDICAID INSURER FOR RU}}
{Last time we recorded that (READ NAME(S) BELOW) may be
covered by (PLAN NAME).}
{Since (START DATE)/Between (START DATE) and (END DATE)}, has
there been any change in the plan name of the health insurance
the family has through {Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}?
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
  [1. First Name, [Middle Name], Last Name-65]
  [2. First Name, [Middle Name], Last Name-65]
  [3. First Name, [Middle Name], Last Name-65]
  YES ..... 1
  NO ..... 2 {BOX_05}
  REF ..... -7 {BOX_05}
  DK ..... -8 {BOX_05}
  PRESS F1 FOR A DEFINITION OF MEDICAID/SCHIP.

```

```

| DISPLAY 'PLAN NAME: {NAME OF PREV RD'S MEDICAID |
| INSURER FOR RU}' AND 'LAST TIME .... (PLAN NAME).' |
| IF THERE IS AN INSURER ASSOCIATED WITH MEDICAID/ |
| SCHIP IN THE PREVIOUS ROUND. |
| |
| FOR 'NAME OF PREV RD'S MEDICAID INSURER FOR RU', |
| DISPLAY THE NAME OF THE ACTUAL INSURER RECORDED |
| FOR MEDICAID/SCHIP DURING THE PREVIOUS ROUND. |
|-----|

```

```

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
| ON HX06. |
|-----|

```

```

| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'Between (START DATE) and (END DATE)' IF |
| ROUND 5. |
|-----|

```

```

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME BY STATE, SEE BOX ON HX06. |
|-----|

```

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

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

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS ARE ALASKA, MISSISSIPPI, AND WYOMING.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE PR12 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR13

IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12

PR12  
=====

{STR-DT}  
{END-DT}

SHOW CARD PR-2.

Some people on {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.

Is the name of the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {, between (START DATE) and (END DATE),} listed on this card?

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

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, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ', between (START DATE) and (END DATE),' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

PR12OV  
=====

Which plan is the health insurance through {Medicaid/{STATE  
NAME FOR MEDICAID}} or {STATE CHIP NAME}?  
CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..... {BOX\_05}

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |  
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |  
NAME BY STATE, SEE BOX ON HX06.

-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |  
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |  
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |  
ON HX06.

-----  
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |  
| THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN |  
| SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN |  
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |  
| PROCEED TO THE NEXT LOGICAL SCREEN. |  
  
| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE PLAN |  
| NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR |  
THIS STATE.

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

PR13  
=====

{STR-DT}  
{END-DT}  
Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}  
{(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with 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.]

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]
- YES, ALL ARE ..... 1 {PR15}
- YES, SOME ARE ..... 2 {PR15}
- NO, NONE ARE ..... 3
- REF ..... -7

DK ..... -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

```

-----
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME BY STATE, SEE BOX ON HX06. |
-----

```

```

-----
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
| ON HX06. |
-----

```

```

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

```

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT |
| ROUND. |
-----

```

PR14  
=====

```

{STR-DT}
{END-DT}
{Does/Between (START DATE) and (END DATE), did} {Medicaid/{STATE
NAME FOR MEDICAID}} or {STATE CHIP NAME} require (READ NAME(S) BELOW)
to sign up with a certain primary care doctor, group of doctors, or
with a certain clinic which they must go to for all of their routine
care?

```

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]
- YES, ALL REQUIRED ..... 1
- YES, SOME REQUIRED ..... 2
- NO, NONE REQUIRED ..... 3 {BOX\_05}
- REF ..... -7 {BOX\_05}
- DK ..... -8 {BOX\_05}

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

```

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

```

-----  
 DISPLAY 'Medicaid' 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, SEE BOX ON HX06.  
 -----

-----  
 DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.  
 -----

-----  
 ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.  
 -----

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

PR15  
 =====

{STR-DT}  
 {END-DT}  
 What is the name of the {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {HMO/health insurance}?  
 [Enter Plan Name] .....  
 REF ..... -7  
 DK ..... -8

-----  
 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, SEE BOX ON HX06.  
 -----

-----  
 DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.  
 -----

-----  
 DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL ARE) OR '2' (YES, SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR14 IS CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).  
 -----

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

PR16  
=====

OMITTED.

PR17  
=====

OMITTED.

BOX\_04A  
=====

OMITTED.

PR18  
=====

OMITTED.

BOX\_05  
=====

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

OTHERWISE, GO TO BOX\_08

PR19  
=====

{STR-DT}  
{END-DT}

During the last interview, we recorded that (READ NAME(S)  
BELOW) (was/were) covered by TRICARE or CHAMPVA.  
Have all of these people been covered by TRICARE or CHAMPVA at  
any time {since (START DATE)/between (START DATE) and (END DATE)}?  
TO SCROLL, USE ARROW KEYS.  
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
  - [2. First Name, [Middle Name], Last Name-65]
  - [3. First Name, [Middle Name], Last Name-65]
  - YES, ALL ..... 1
  - NO, ONLY SOME ..... 2
  - NO, NONE ..... 3
  - REF ..... -7 {BOX\_08}
  - DK ..... -8 {BOX\_08}
- PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.

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

IF CODED '3' (NO, NONE)  
AND  
IF ANY CURRENT RU MEMBERS **NOT** LISTED IN PR19,

```

| GO TO PR21 |
|-----|
| IF CODED '3' (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19, |
| GO TO BOX_08 |
|-----|
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |
|-----|
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING |
| THE PREVIOUS ROUND. |
|-----|

```

PR19A  
=====

```

{STR-DT}
Which plan is it? Is it...
INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS
HAVE DIFFERENT PLANS.
TRICARE Standard; ..... 1
TRICARE Prime; ..... 2
TRICARE Extra; ..... 3
TRICARE for Life; or ..... 4
CHAMPVA? ..... 5
          [Code All That Apply]
|-----|
| IF PR19 IS CODED '1' (YES, ALL), FLAG ALL RU |
| MEMBERS LISTED HERE AS 'COVERED BY TRICARE/CHAMPVA |
| DURING CURRENT ROUND.' THEN GO TO BOX_06 |
|-----|
| IF PR19 IS CODED '2' (NO, ONLY SOME), CONTINUE |
| WITH PR20 |
|-----|

```

PR20  
=====

```

{STR-DT}
{END-DT}
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/
between (START DATE) and (END DATE)}?
PROBE: Who else has been covered by TRICARE or CHAMPVA {since
(START DATE)/between (START DATE) and (END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
  [1. First Name, [Middle Name], Last Name-65]
  [2. First Name, [Middle Name], Last Name-65]
  [3. First Name, [Middle Name], Last Name-65]
|-----|
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |

```

ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

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

BOX\_06

=====

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR19), GO TO LOOP\_03

OTHERWISE, CONTINUE WITH PR21

PR21

=====

{STR-DT}  
{END-DT}

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

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

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO LOOP\_03

IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO BOX\_08

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR21A

PR21A

=====

```
{STR-DT}
Which plan is it? Is it...
INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS
HAVE DIFFERENT PLANS.
  TRICARE Standard; ..... 1
  TRICARE Prime; ..... 2
  TRICARE Extra; ..... 3
  TRICARE for Life; or ..... 4
  CHAMPVA? ..... 5
                [Code All That Apply]
```

PR22

=====

```
{STR-DT}
{END-DT}
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/
between (START DATE) and (END DATE)}?
PROBE: Who else has been covered by TRICARE or CHAMPVA {since
(START DATE)/between (START DATE) and (END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
```

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

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

```
-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |
| CONDITION: |
| - PERSON WAS NOT FLAGGED AS BEING COVERED BY |
| TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS |
| ROUND |
|-----|
```

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

LOOP\_03

=====

```
-----
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK BOX_07 - END_LP03 |
|-----|
```

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

- ESTABLISHMENT IS TRICARE/CHAMPVA  
AND  
- PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE  
CURRENT ROUND

BOX\_07

=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION  
FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH  
END\_LP03

END\_LP03

=====

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS,  
END LOOP\_03 AND CONTINUE WITH BOX\_08

BOX\_08

=====

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

OTHERWISE, GO TO BOX\_11

PR23

=====

{STR-DT}  
{END-DT}

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

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

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

- YES, ALL ..... 1
- NO, ONLY SOME ..... 2
- NO, NONE ..... 3
- REF ..... -7 {BOX\_11}

DK ..... -8 {BOX\_11}  
PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |  
| WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME |  
DURING THE PREVIOUS ROUND.

-----  
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |  
| LISTED HERE AS 'COVERED BY GOVT-HOSPITAL/ |  
| PHYSICIAN' DURING CURRENT ROUND. THEN GO TO |  
BOX\_09

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

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

-----  
| IF CODED '3' (NO, NONE) |  
| AND |  
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, |  
GO TO BOX\_11

-----  
IF CODED '2' (NO, NONE), CONTINUE WITH PR24

PR24  
=====

{STR-DT}  
{END-DT}

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

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.

-----  
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS  
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO  
WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME  
DURING THE PREVIOUS ROUND.  
-----

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

BOX\_09  
=====

-----  
IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS  
COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/  
PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT  
RU MEMBERS WERE LISTED IN PR23), GO TO LOOP\_04  
-----  
-----  
OTHERWISE, CONTINUE WITH PR25  
-----

PR25  
=====

{STR-DT}  
{END-DT}  
Besides the family members we've just talked about, have any  
additional family members been covered by this program {since  
(START DATE)/between (START DATE) and (END DATE)}?  
YES ..... 1  
NO ..... 2  
REF ..... -7  
DK ..... -8

-----  
DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'between (START DATE) and (END DATE)' IF  
ROUND 5.  
-----

-----  
IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T  
KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS  
'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING  
CURRENT ROUND,' GO TO LOOP\_04  
-----

-----  
IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T  
KNOW) AND NO RU MEMBERS FLAGGED AS 'COVERED  
BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND,  
GO TO BOX\_11  
-----

-----  
OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE  
WITH PR26  
-----

PR26

=====

{STR-DT}

{END-DT}

Who has been covered by this program?

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

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

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

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

-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
| ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |  
| CONDITION: |  
| - PERSON WAS NOT FLAGGED AS COVERED BY GOVT- |  
| HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |  
PREVIOUS ROUND.

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

LOOP\_04

=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK BOX\_10 - END\_LP04

-----  
| LOOP DEFINITION: LOOP\_04 COLLECTS TIME PERIOD |  
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- |  
| HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |  
| AND |  
| - PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/ |  
PHYSICIAN DURING THE CURRENT ROUND

BOX\_10

=====

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

END\_LP04

END\_LP04

=====

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END  
LOOP\_04 AND CONTINUE WITH PR27

PR27

=====

{STR-DT}  
{END-DT}  
{PLAN NAME: {NAME OF PREV RD'S GOVT-HOSPITAL/PHYSICIAN  
INSURER FOR RU}}  
{Last time we recorded that (READ NAME(S) BELOW) may be  
covered by (PLAN NAME).}  
{Since (START DATE)/Between (START DATE) and (END DATE)}, has  
there been any change in the plan name of the health insurance  
the family has through the program sponsored by a state or local  
government agency which provides hospital and physician benefits?  
TO SCROLL, USE ARROW KEYS.  
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.  
[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]  
[3. First Name, [Middle Name], Last Name-65]  
YES ..... 1  
NO ..... 2 {PR32}  
REF ..... -7 {PR32}  
DK ..... -8 {PR32}  
PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

DISPLAY 'PLAN NAME: {NAME OF PREV RD'S GOVT-  
HOSPITAL/PHYSICIAN INSURER FOR RU}' AND 'LAST  
TIME .... (PLAN NAME).' IF THERE IS AN INSURER  
ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE  
PREVIOUS ROUND.

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

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'Between (START DATE) and (END DATE)' IF  
ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS  
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO  
ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE  
CURRENT ROUND.

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

NOTE: STATES THAT DO NOT OFFER GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLANS ARE ALASKA, MISSISSIPPI, AND WYOMING.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLAN, CODE PR28 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR29

IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28

PR28  
=====

{STR-DT}  
{END-DT}

SHOW CARD PR-2.

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

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

DISPLAY ', between (START DATE) and (END DATE),' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

PR280V  
=====

Which plan is the health insurance through this program?  
CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..... {PR32}

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

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE

ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER  
ENTERED FOR THIS STATE.

PR29  
=====

{STR-DT}  
{END-DT}

Under the program sponsored by a state or local government agency which provides hospital and physician benefits {(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with 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.]

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]
- YES, ALL ARE ..... 1 {PR31}
- YES, SOME ARE ..... 2 {PR31}
- NO, NONE ARE ..... 3
- REF ..... -7
- DK ..... -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

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

DISPLAY 'between (START DATE) and (END DATE)' IF  
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS  
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO  
ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE  
CURRENT ROUND.

PR30  
=====

{STR-DT}  
{END-DT}

{Does/Between (START DATE) and (END DATE), did} the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

YES, ALL REQUIRED ..... 1  
 YES, SOME REQUIRED ..... 2  
 NO, NONE REQUIRED ..... 3 {PR32}  
 REF ..... -7 {PR32}  
 DK ..... -8 {PR32}

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

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

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

-----  
 | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
 | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |  
 | ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |  
CURRENT ROUND.

PR31  
=====

{STR-DT}  
{END-DT}

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

[Enter Plan Name] .....  
 REF ..... -7  
 DK ..... -8

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

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

PR32  
=====

{STR-DT}  
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}/{NAME OF PLAN FROM PR31}}}

For the coverage through {(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits}, does anyone in the family pay anything for this coverage?

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

YES ..... 1

NO ..... 2 {PR34}  
REF ..... -7 {BOX\_11}  
DK ..... -8 {BOX\_11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |  
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |  
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |  
|  
| DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN |  
| WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN |  
| NAME THAT CORRESPONDS TO THE LETTER ENTERED AT |  
| PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN |  
| NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' |  
| IF A PLAN NAME WAS ENTERED. |  
|  
| DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND |  
| INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN |  
| INSURANCE. OTHERWISE, DISPLAY 'the program |  
sponsored ...'.

PR33  
=====

{STR-DT}  
{END-DT}  
{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}}/{NAME OF PLAN FROM  
PR31}}}  
How much does anyone in the family pay for {the (PLAN NAME)/  
that} coverage?

PROBE: Is that per year, per month, per week, or what?  
[Enter Amount in Dollars] .....  
REF ..... -7 {PR34}  
DK ..... -8 {PR34}

-----  
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |  
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |  
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |  
|  
| DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN |  
| WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN |  
| NAME THAT CORRESPONDS TO THE LETTER ENTERED AT |  
| PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN |  
| NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' |  
| IF A PLAN NAME WAS ENTERED. |  
|  
| DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT |  
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |  
PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'that'.

PR33OV1  
=====

ENTER UNIT OF COVERAGE:  
PER YEAR ..... 1 {PR34}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {PR34}

BIMONTHLY/EVERY 2 MONTHS ..... 3 {PR34}  
 PER MONTH ..... 4 {PR34}  
 PER WEEK ..... 5 {PR34}  
 BIWEEKLY/EVERY 2 WEEKS ..... 6 {PR34}  
 SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {PR34}  
 SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {PR34}  
 OTHER ..... 91  
 REF ..... -7 {PR34}  
 DK ..... -8 {PR34}

[Code One]

PR33OV2  
 =====

ENTER OTHER:

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

BOX\_10A  
 =====

OMITTED.

PR34  
 =====

{STR-DT}  
 {END-DT}  
 {PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}}/{NAME OF PLAN FROM PR31}}}

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

FEDERAL GOVERNMENT ..... 1  
 STATE GOVERNMENT ..... 2  
 LOCAL GOVERNMENT ..... 3  
 SOME GOVERNMENT ..... 4  
 OTHER ..... 91  
 REF ..... -7  
 DK ..... -8

[Code All That Apply)

```

-----
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.
|
| DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN
| WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN
| NAME THAT CORRESPONDS TO THE LETTER ENTERED AT
| PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN
| NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}'
| IF A PLAN NAME WAS ENTERED.
|
| DISPLAY 'else' IF PR32 IS CODED '1' (YES).
| OTHERWISE, USE A NULL DISPLAY.
|
| DISPLAY 'some of' IF PR32 IS CODED '1' (YES).
| DISPLAY 'for' IF PR32 IS CODED '2' (NO).
|
-----
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION
|
    
```

WITH ANY OTHER CODE, CONTINUE WITH PR34OV
OTHERWISE, GO TO BOX\_11
-----

PR34OV  
=====

ENTER OTHER:  
[Enter Other Specify] .....  
REF ..... -7  
DK ..... -8

BOX\_11  
=====

-----  
| IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) |  
| AS A SOURCE OF INSURANCE AT ANY TIME DURING |  
PREVIOUS ROUND, CONTINUE WITH BOX\_12
OTHERWISE, GO TO BOX\_18
-----

BOX\_12  
=====

-----  
| IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER |  
| PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS |  
ROUND, CONTINUE WITH PR35
OTHERWISE, GO TO BOX\_15
-----  
| NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC |  
| PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM |  
| THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW |  
| CARD AND ASK IF THE FAMILY STILL HAD COVERAGE |  
| FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH |  
| ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED |  
| TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC |  
SERIES IN HX.

PR35  
=====

{STR-DT}  
{END-DT}  
During the last interview, we recorded that (READ NAMES BELOW)  
were covered by one or more of the following programs:  
{STATE NAME FOR PROGRAM #1....}  
{STATE NAME FOR PROGRAM #2....}  
{STATE NAME FOR PROGRAM #3....}  
{STATE NAME FOR PROGRAM #4....}  
Have all of these people been covered by any of these programs at  
any time {since (START DATE)/between (START DATE) and (END DATE)}?  
TO SCROLL, USE ARROW KEYS.  
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]  
 [2. First Name, [Middle Name], Last Name-65]  
 [3. First Name, [Middle Name], Last Name-65]  
 YES, ALL ..... 1  
 NO, ONLY SOME ..... 2  
 NO, NONE ..... 3  
 REF ..... -7 {BOX\_15}  
 DK ..... -8 {BOX\_15}

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.

-----  
 | DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
 | DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.

-----  
 | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
 | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |  
 | WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |  
ANY TIME DURING THE PREVIOUS ROUND.

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

-----  
 | IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU |  
 | MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER |  
 | PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO |  
TO BOX\_13

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

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

-----  
 | IF CODED '3' (NO, NONE), |  
 | AND |  
 | IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, |  
GO TO BOX\_15

-----  
IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36

PR36  
=====

{STR-DT}  
 {END-DT}  
 Who has been covered by any of these programs {since (START  
 DATE)/between (START DATE) and (END DATE)}?  
 PROBE: Who else has been covered by any of these programs {since

(START DATE)/between (START DATE) and (END DATE)}?  
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

```

-----
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |
-----

```

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND. |
-----

```

```

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

```

BOX\_13  
=====

```

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

```

```

-----
| OTHERWISE, CONTINUE WITH PR37 |
-----

```

PR37  
=====

```

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

```

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

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

PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

```

-----
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |
-----

```

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

-----  
| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS |  
| COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING |  
CURRENT ROUND, GO TO LOOP\_05

-----  
| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY |  
| GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT |  
ROUND, GO TO BOX\_15

-----  
| OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE |  
WITH PR38

PR38  
=====

{STR-DT}  
{END-DT}

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

PROBE: Who else has been covered by any of these programs {since  
(START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
ROUND 5.

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
| ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |  
| CONDITION: |  
| - PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1 |  
| OTHER PUBLIC INSURANCE AT ANY TIME DURING THE |  
PREVIOUS ROUND

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

LOOP\_05  
=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK BOX\_14 - END\_LP05

-----  
| LOOP DEFINITION: LOOP\_05 COLLECTS TIME PERIOD |  
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 |  
| OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE |  
| AND |  
| - PERSON IS COVERED BY GROUP 1 OTHER PUBLIC |  
INSURANCE DURING THE CURRENT ROUND

BOX\_14  
=====

-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |  
| FOR THIS PAIR. |  
| |  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |  
END\_LP05

END\_LP05  
=====

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

-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |  
END LOOP\_05 AND CONTINUE WITH BOX\_15

BOX\_15  
=====

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

-----  
OTHERWISE, GO TO BOX\_18

PR39  
=====

{STR-DT}  
{END-DT}  
SHOW CARD PR-3.  
During the last interview, we recorded that (READ NAMES BELOW)  
were covered by one or more of the public programs listed  
on this card.

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}? TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]
- YES, ALL ..... 1
- NO, ONLY SOME ..... 2
- NO, NONE ..... 3
- REF ..... -7 {BOX\_18}
- DK ..... -8 {BOX\_18}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

-----

| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |

| DISPLAY 'between (START DATE) and (END DATE)' IF |

| ROUND 5. |

-----

-----

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |

| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |

| WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT |

| ANY TIME DURING THE PREVIOUS ROUND. |

-----

-----

| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |

| LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC |

| INSURANCE' DURING CURRENT ROUND. |

| THEN GO TO BOX\_16 |

-----

-----

| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS |

| LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER |

| PUBLIC INSURANCE' DURING CURRENT ROUND. |

-----

-----

| IF CODED '3' (NO, NONE) |

| AND |

| IF ANY CURRENT RU MEMBERS **NOT** LISTED AT PR39, |

| GO TO PR41 |

-----

-----

| IF CODED '3' (NO, NONE), |

| AND |

| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, |

| GO TO BOX\_18 |

-----

-----

| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40 |

-----

PR40  
=====

{STR-DT}  
{END-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs {since (START

DATE)/between (START DATE) and (END DATE)}?  
PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?  
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
  - [2. First Name, [Middle Name], Last Name-65]
  - [3. First Name, [Middle Name], Last Name-65]
- PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

```

-----
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |
-----

```

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND. |
-----

```

```

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

```

BOX\_16  
=====

```

-----
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS |
| COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC |
| INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT |
| RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06 |
-----
| OTHERWISE, CONTINUE WITH PR41 |
-----

```

PR41  
=====

```

{STR-DT}
{END-DT}
SHOW CARD PR-3.
Besides the family members we've just talked about, have any
additional family members been covered by any of these programs
{since (START DATE)/between (START DATE) and (END DATE)}?

```

- YES ..... 1
  - NO ..... 2
  - REF ..... -7
  - DK ..... -8
- PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

```

-----
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |
-----

```

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP\_06

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX\_18

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR42

PR42  
=====

{STR-DT}  
{END-DT}

SHOW CARD PR-3.

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

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:

- PERSON WAS NOT MARKED AS BEING COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND

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

LOOP\_06  
=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX\_17 - END\_LP06

LOOP DEFINITION: LOOP\_06 COLLECTS TIME PERIOD  
COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2  
OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON  
ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE  
FOLLOWING CONDITIONS:  
- ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE  
AND  
- PERSON IS COVERED BY GROUP 2 OTHER PUBLIC  
INSURANCE DURING THE CURRENT ROUND

BOX\_17  
=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION  
FOR THIS PAIR.  
  
AT COMPLETION OF THE HQ SECTION, CONTINUE WITH  
END\_LP06

END\_LP06  
=====

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END  
LOOP\_06 AND CONTINUE WITH BOX\_18

BOX\_18  
=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.

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