

Health Insurance (HX) Section

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| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI |  
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE |  
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, |  
| CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN |  
| ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END |  
| DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS, THE |  
| END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE |  
| SECOND YEAR OF THE PANEL. |  
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BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| FOR MONTH DISPLAY 3 CHAR MONTH (EG. JAN, FEB) |  
| |  
| ROUNDS 1-4, DISPLAY ONLY THE BEGIN DATE RATHER |  
| THAN BOTH THE BEGIN AND END DATE. IF ROUND 5 THEN |  
| DISPLAY BOTH THE BEGIN AND END DATE. |  
| |  
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |  
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |  
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY |  
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HX01

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{STR-DT}  
{END-DT}
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Let's talk (again) about all the health insurance coverage the family may have to help pay for the costs of medical care {since {START DATE}/between {START DATE} and {END DATE}}.

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY 'ASK....AVAILABLE.' IF ROUND 1. |  
| OTHERWISE, USE A NULL DISPLAY. |  
| |  
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |  
| DISPLAY 'between {START DATE} and {END DATE}' IF |  
| ROUND 5. |  
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| IF ROUND 1, GO TO BOX_03 |  
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| OTHERWISE, CONTINUE WITH BOX_01 |  
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BOX_01
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| ASK THE OLD EMPLOYMENT AND PRIVATE RELATED |  
| INSURANCE (OE) SECTION. |  
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| AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02 |  
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BOX_02
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| ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION. |  
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| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |  
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BOX_03

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| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' |  
| OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |  
| SIZE-GREATER-THAN-1, |  
| CONTINUE WITH LOOP_01 |  
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-----  
| OTHERWISE, GO TO BOX_05 |  
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LOOP_01

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| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS- |  
| ROSTER, ASK NAV_HX01A - END_LP01 |  
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| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION |  
| ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH |  
| AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT- |  
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' |  
| OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |  
| SIZE-GREATER-THAN-1. |  
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| NAVIGATOR DETAILS: LOOP_01 USES BOTH NAV_HX01A |
AND NAV_HX01B TO CONTROL THE FLOW OF THE LOOP.

NAV_HX01A
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{STR-DT}

SERIES: Health Insurance Through Establishments

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name, [Middle Name], Last Name-65]	[Status-25]
[2. First Name, [Middle Name], Last Name-65]	[Status-25]
[3. First Name, [Middle Name], Last Name-65]	[Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS |
STATED AT THE LOOP_01 DEFINITION.

CONTINUE WITH NAV_OE01B FOR SELECTED RU MEMBER

NAV_HX01B

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

SERIES: Verifying Insurance during the Reference Period
(including selecting a Policyholder)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member...Employer Providing Insurance

[1. Person's Name-65]...[Establishment Name-30] [Status-25]
[2. Person's Name-65]...[Establishment Name-30] [Status-25]
[3. Person's Name-65]...[Establishment Name-30] [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER...EMPLOYER PROVIDING |
| INSURANCE |
| INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON- |
| PAIR |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL EMPLOYERS THAT MEET THE CONDITIONS |
STATED AT THE LOOP_01 DEFINITION.

CONTINUE WITH HX02 FOR SELECTED PAIR

HX02
=====

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

You mentioned that {you/{PERSON}} {were/was} covered by health insurance from {ESTABLISHMENT} **{at some point after {START DATE}/between {START DATE} and {END DATE}}**.

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

CONTINUE 1 {BOX_04}
INSURANCE REPORTED IN ERROR 2 {END_LP01}

[Code One]

| IF ROUND 1 THROUGH ROUND 4, DISPLAY '**at some point**
| **after {START DATE}**'. IF ROUND 5, DISPLAY '**between**
{START DATE} and {END DATE}'.

| IF CODED '2' (INSURANCE REPORTED IN ERROR) FLAG |
| THIS ESTABLISHMENT-PERSON-PAIR AS 'NOT SEPARATE |
SOURCE OF INSURANCE' AND GO TO END_LP01

OTHERWISE, CONTINUE WITH BOX_04

BOX_04
=====

| ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) |
SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR.

| AT COMPLETION OF HP SECTION, CONTINUE WITH |
END_LP01

END_LP01

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| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
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| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |  
| END LOOP_01 AND CONTINUE WITH BOX_05 |  
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BOX_05

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| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET |  
| THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |  
| AND |  
| - FIRM SIZE OF ESTABLISHMENT = 1, |  
| CONTINUE WITH LOOP_02 |  
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-----  
| OTHERWISE, GO TO BOX_07 |  
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LOOP_02
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| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|
ROSTER, ASK LOOP_03-END_LP02

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH |
| INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB |
| WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
| PROVIDING HEALTH INSURANCE |
| AND |
| - ESTABLISHMENT IS AN EMPLOYER |
| AND |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |
| AND |
| - ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |
- FIRM SIZE OF ESTABLISHMENT = 1

LOOP_03

=====

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-----  
| FOR EACH OF THE FOLLOWING: |  
| |  
| INSURANCE CATEGORY 1 |  
| INSURANCE CATEGORY 2 |  
| INSURANCE CATEGORY 3 |  
| INSURANCE CATEGORY 4 |  
| INSURANCE CATEGORY 5 |  
| INSURANCE CATEGORY 6 |  
| |  
| ASK HX03 - END_LP03 |  
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| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION |  
| ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE |  
| (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A |  
| SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST |  
| CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON |  
| PURCHASES INSURANCE. SUBSEQUENT CYCLES COLLECT |  
| ADDITIONAL WAYS PERSON PURCHASES INSURANCE. |  
| |  
| THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP |  
| CYCLES AGAIN. IF HX04 IS CODED '1' (YES), THE |  
| LOOP CYCLES TO COLLECT THE NEXT INSURANCE |  
| CATEGORY. IF HX04 IS CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |  
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HX03
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

SHOW CARD HX-1.

{You mentioned that {you/{PERSON}} {{are/is}/{were/was}} self-
employed and had health insurance through that business.} Which
category on this card comes closest to {the **main**/another} way
{you/{PERSON}} {purchase/purchases} this insurance?

FROM A PROFESSIONAL ASSOCIATION 1 {BOX_06}
FROM A SMALL BUSINESS GROUP 2 {BOX_06}
FROM A UNION 3 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY 6 {BOX_06}
DIRECTLY FROM AN HMO 7 {BOX_06}
FROM A PREVIOUS EMPLOYER 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) 9 {BOX_06}
DIRECTLY FROM A HIGH RISK POOL {/{STATE
NAME FOR HIGH RISK POOL}} 10 {BOX_06}
DIRECTLY FROM {STATE EXCHANGE NAME-A} . 11 {BOX_06}
OTHER 91 {HX03OV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| STARTING IN PANEL 12 ROUND 2, CATEGORY '4' (FROM |
| A HEALTH INSURANCE PURCHASING ALLIANCE) WAS |
OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS.

| STARTING IN PANEL 14 ROUND 5, PANEL 15 ROUND 3 AND |
| PANEL 16 ROUND 1, CATEGORY '10' (DIRECTLY FROM A |
| HIGH RISK POOL{/{STATE NAME FOR HIGH RISK POOL}}) |
WAS ADDED AND WILL BE ADDED IN ALL FUTURE ROUNDS.

| STARTING IN PANEL 17 ROUND 5, PANEL 18 ROUND 3 AND |
| PANEL 19 ROUND 1, CATEGORY '11' (DIRECTLY FROM |
| {STATE EXCHANGE NAME}) WAS ADDED AND WILL BE |
ADDED IN ALL FUTURE ROUNDS.

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-----  
| DISPLAY 'you mentioned that {you/{PERSON}} {{are/ |  
| is}/ {were/was}} self-employed and had health |  
| insurance through that business.' IF FIRST CYCLE |  
| THROUGH LOOP_03. OTHERWISE USE A NULL DISPLAY. |  
|  
| DISPLAY '{are/is}' IF ESTABLISHMENT IS FLAGGED AS |  
| A CURRENT EMPLOYER. DISPLAY '{were/was}' IF |  
| ESTABLISHMENT IS NOT FLAGGED AS A CURRENT |  
| EMPLOYER, OR IF CURRENT ROUND IS ROUND 5. |  
|  
| DISPLAY 'the main' IF FIRST CYCLE THROUGH LOOP_03. |  
| OTHERWISE (I.E., NOT FIRST CYCLE), DISPLAY |  
| 'another'. |  
|  
| DISPLAY '{STATE NAME FOR HIGH RISK POOL}' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED OFFERS |  
| A HIGH RISK POOL HEALTH INSURANCE PLAN. THIS |  
| INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, HI, |  
| ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. IF |  
| INTERVIEW STATE IS ONE OF THESE STATES, USE A NULL |  
| DISPLAY. |  
|  
| FOR 'STATE NAME FOR HIGH RISK POOL' DISPLAY THE |  
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE |  
| IN WHICH INTERVIEW IS BEING CONDUCTED. |  
|  
| FOR 'STATE EXCHANGE NAME' DISPLAY THE EXCHANGE |  
| NAME 'A' ASSOCIATED WITH THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED. |  
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HX030V
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OTHER:

[Enter Other Specify] {BOX_06}
DK -8 {BOX_06}

BOX_06
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| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
FOR THE RESPONSE CATEGORY SELECTED AT HX03.

AT COMPLETION OF HP SECTION, CONTINUE WITH HX04

HX04
=====

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

SHOW CARD HX-1.

Aside from what you already told me about, is there another
category on this card which describes the way {you/{PERSON}}
{purchase/purchases} health insurance for {ESTABLISHMENT}?

YES 1 {END_LP03}
NO 2 {END_LP03}
REF -7 {END_LP03}
DK -8 {END_LP03}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

END_LP03
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| IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE |
NEXT WAY OF PURCHASING INSURANCE.

OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02

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-----  
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
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-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |  
| END LOOP_02 AND CONTINUE WITH BOX_07 |  
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BOX_07

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-----  
| IF ROUND 1, GO TO HX06 |  
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-----  
| OTHERWISE, CONTINUE WITH BOX_08 |  
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BOX_08

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| IF: |  
| |  
| ANY NEW RU MEMBERS ADDED TO RU THIS ROUND, |  
| OR |  
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE TURNED 65 SINCE START DATE (USE REAL |  
| DATE OF BIRTH ONLY), |  
| OR |  
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN |  
| PREVIOUS ROUND, |  
| CONTINUE WITH HX05 |  
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-----  
| OTHERWISE, GO TO BOX_12 |  
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HX05
=====

{STR-DT}
{END-DT}

We show that (READ NAMES BELOW) {(are/is)} {either} {65 years old
or older} {or} {joined the household since our last interview}.

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

(Has (READ NAME ABOVE)/Have any of these people) been covered
by Medicare {since {START DATE}/between {START DATE} and {END DATE}}?

YES 1
NO 2 {LOOP_04}
REF -7 {LOOP_04}
DK -8 {LOOP_04}

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

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-----  
| DISPLAY '(are/is)' AND '65 years old' IF ANY RU |  
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU |  
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE WERE = OR > 65 PREVIOUS ROUND. |  
| |  
| DISPLAY 'joined the household since our last |  
| interview' IF ANY NEW RU MEMBERS ADDED TO THE RU |  
| THIS ROUND. |  
| |  
| DISPLAY 'either' AND 'or' IF ANY NEW RU MEMBERS |  
| ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS |  
| NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED |  
| 65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY |  
| FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 |  
| PREVIOUS ROUND. |  
| |  
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |  
| DISPLAY 'between {START DATE} and {END DATE}' IF |  
| ROUND 5. |  
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| IF HX05 IS CODED '1' (YES) AND ONLY ONE RU MEMBER |
| ELIGIBLE FOR HX05, SELECT THAT PERSON |
AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

| IF HX05 IS CODED '1' (YES) AND MORE THAN ONE RU |
MEMBER ELIGIBLE FOR HX05, GO TO HX07

| ROSTER DETAILS: |
| Title: RU_MEMBERS_1 |
| COL #1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY |
OF RU-MEMBERS.

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

| ROSTER FILTER: |
| OTHERWISE, DISPLAY RU-MEMBERS WHO MEET ONE OF THE |
| FOLLOWING CONDITIONS: |
| 1. PERSON IS A NEW RU MEMBER THIS ROUND, |
| |
| 2. PERSON TURNED 65 YEARS OLD THIS ROUND AND IS |
| NOT FLAGGED AS COVERED BY MEDICARE DURING ANY |
| ROUND, |
| |
| 3. OR PERSON >= 65 (OR IN AGE CATEGORY 9) LAST |
| ROUND AND NOT FLAGGED AS COVERED BY MEDICARE |
DURING ANY ROUND.

HX06
=====

{STR-DT}

SHOW CARD HX-2.

Medicare is a health insurance program for persons 65 years or over and for some disabled persons. People covered by Medicare usually have a card that looks like this.

At any time since {START DATE}, has anyone in the family been covered by Medicare?

YES	1
NO	2
REF	-7
DK	-8

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT |
| PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO |
LOOP_04

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
WITH HX07

| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD, |
GO TO LOOP_04

| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO |
TO BOX_12

HX07

=====

{STR-DT}

{END-DT}

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65] {LOOP_04}

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_SELECTONE |
| |
| COL # 1 HEADER: PERSON-TYPE-PROVIDER |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| ONE OR MORE FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| IN ROUND 1, NONE. DISPLAY ALL. |
| IN ROUNDS 2-5, DISPLAY RU MEMBERS WHO MEET ONE OF |
| THE FOLLOWING CONDITIONS: |
| 1. PERSON IS A NEW RU MEMBER THIS ROUND, |
| |
| 2. PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |
| FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND, |
| |
| 3. OR PERSON >= 65 YEARS OLD (OR IN AGE CATEGORY |
| 9) LAST ROUND AND NOT FLAGGED AS COVERED BY |
MEDICARE DURING ANY ROUND.

LOOP_04

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| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |  
| BOX_09 - END_LP04 |  
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| LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR |  
| MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 |  
| WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY |  
| STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY |  
| MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET |  
| ANY OF THE FOLLOWING CONDITIONS: |  
| - IF ROUND 1: ALL CURRENT RU MEMBERS |  
| - IF NOT ROUND 1: ALL CURRENT RU MEMBERS WHO |  
| MEET ONE OF THE FOLLOWING CONDITIONS: |  
| - PERSON IS A NEW RU MEMBER THIS ROUND, |  
| OR |  
| - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |  
| FLAGGED AS COVERED BY MEDICARE DURING ANY |  
| ROUND |  
| OR |  
| - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) |  
| LAST ROUND AND NOT FLAGGED AS COVERED BY |  
| MEDICARE DURING ANY ROUND. |  
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| NAVIGATOR DETAILS: LOOP_04 USES EITHER NAV_HX04A |  
| OR NAV_HX04B TO CONTROL THE FLOW OF THE LOOP. |  
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BOX_09

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| IF ROUND 1, GO TO BOX_11 |  
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-----  
| OTHERWISE, CONTINUE WITH BOX_10 |  
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BOX_10

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IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11

| IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS |
ROUND, GO TO NAV_HX04B

OTHERWISE, GO TO END_LP04

| NOTE: HX09 IS NOT RE-ASKED OF PERSONS WHO WERE |
| OVER 65 DURING THE PREVIOUS ROUND AND DID NOT |
| RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING |
MEDICARE DURING THE CURRENT ROUND.

BOX_11
=====

| IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS |
| OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH |
NAV_HX04A

| IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS |
OLD (OR IN AGE CATEGORY 9), GO TO END_LP04

| IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 |
| YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO |
END_LP04

| IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 |
YEARS OLD (OR IN AGE CATEGORY 9), GO TO NAV_HX04B

| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) |
| AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES |
1-8), GO TO END_LP04

| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) |
| AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY |
9), GO TO NAV_HX04B

NAV_HX04A

=====

{STR-DT}

SERIES: Medicare for RU Members Under 65

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

- | | |
|---|-------------|
| [1. Reason for Medicare [Person's Name-65]] | [Status-25] |
| [2. Reason for Medicare [Person's Name-65]] | [Status-25] |
| [3. Reason for Medicare [Person's Name-65]] | [Status-25] |

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS SELECTED AT HX07 AND WHO |
ARE < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8).

GO TO HX08 FOR SELECTED RU MEMBER.

NAV_HX04B

=====

SERIES: Receive Social Security for Someone 65+ Without Medicare

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

Question Series

- | | |
|---|-------------|
| [1. Receive Social Security...[Person's Name-65]] | [Status-25] |
| [2. Receive Social Security...[Person's Name-65]] | [Status-25] |
| [3. Receive Social Security...[Person's Name-65]] | [Status-25] |

| ROSTER DETAILS: |
| COL # 1 HEADER: QUESTION SERIES |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL RU MEMBERS SELECTED WHO MEET THE |  
| FOLLOWING CONDITIONS (SEE BOX_10 AND BOX_11): |  
| |  
| - HX05 IS CODED '2' (NO), '-7' (REFUSED), OR |  
|   '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS |  
|   ROUND |  
| OR |  
| - PERSON IS NOT SELECTED AT HX07 AND IS = > 65 |  
|   YEARS OLD (OR IN AGE CATEGORY 9) |  
| OR |  
| - HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |  
|   '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) |  
|   AND PERSON IS = > 65 YEARS OLD (OR IN AGE |  
|   CATEGORY 9) |  
| |  
-----  
| GO TO HX09 FOR SELECTED RU MEMBER. |  
-----
```

HX08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does} {you/{PERSON}} receive **Medicare** because of a medical condition or a disability?

YES 1 {END_LP04}
NO 2 {END_LP04}
REF -7 {END_LP04}
DK -8 {END_LP04}

HELP AVAILABLE FOR DEFINITION OF CONDITION/DISABILITY.

HX09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get **Medicare**. {Do/Does}
{you/{PERSON}} receive Social Security?

YES 1 {END_LP04}
NO 2 {END_LP04}
REF -7 {END_LP04}
DK -8 {END_LP04}

HELP AVAILABLE FOR DEFINITION OF SOCIAL SECURITY.

END_LP04
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_04 AND CONTINUE WITH BOX_12

BOX_12
=====

| IF MEDICAID/SCHIP PROVIDED TO ANY RU MEMBER |
DURING THE PREVIOUS ROUND, GO TO BOX_14

OTHERWISE, CONTINUE WITH BOX_12A

BOX_12A
=====

```
-----  
| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF |  
| INSURANCE FOR ANY RU MEMBER DURING THE CURRENT |  
| ROUND, GO TO BOX_14 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH HX10 |  
-----
```

HX10
=====

{STR-DT}
{END-DT}

SHOW CARD HX-3.

{Medicaid/{STATE NAME FOR MEDICAID}} or **{STATE CHIP NAME}** are state programs that pay for health care for persons in need. People covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}** may have a (piece of paper/card) that looks something like this.

At any time {since {START DATE}/between {START DATE} and {END DATE}}, has anyone in the family been covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}**?

YES	1
NO	2 {BOX_14}
REF	-7 {BOX_14}
DK	-8 {BOX_14}

HELP AVAILABLE FOR DEFINITION OF MEDICAID/SCHIP.

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

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

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

| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT |
| PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO |
LOOP_05

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
WITH HX11

HX11
=====

{STR-DT}
{END-DT}

Who is covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or
{STATE CHIP NAME}?

PROBE: Who else is covered by **{Medicaid/{STATE NAME FOR
MEDICAID}}** or **{STATE CHIP NAME}**?

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

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

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

GO TO LOOP_05

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_05
=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_HX05 - END_LP05

| LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY |
| MEDICAID/SCHIP. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING |
| CONDITIONS: |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| AND |
| - PERSON IS FLAGGED AS COVERED BY MEDICAID/SCHIP |
| DURING THE CURRENT ROUND (I.E., SELECTED IN |
HX11)

| NAVIGATOR DETAILS: LOOP_05 USES NAV_HX05 TO |
CONTROL THE FLOW OF THE LOOP.

NAV_HX05
=====

MEDICAID/SCHIP {STR-DT}

SERIES: Time Covered by MEDICAID/SCHIP during Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

- [1. Coverage duration for [Person's Name-65] through
MEDICAID/SCHIP [Status-25]
- [2. Coverage duration for [Person's Name-65] through
MEDICAID/SCHIP [Status-25]
- [3. Coverage duration for [Person's Name-65] through
MEDICAID/SCHIP [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
DISPLAY ALL RU MEMBERS SELECTED AT HX11.

CONTINUE WITH BOX_13 FOR SELECTED RU MEMBER.

BOX_13
=====

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

| 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 HX11A

HX11A

=====

{STR-DT}

{END-DT}

Is the coverage with **{Medicaid/{STATE NAME FOR MEDICAID}}**
or {STATE CHIP NAME} through {STATE EXCHANGE NAME-A}{, [which
may also be known as {ALIAS B} {or {ALIAS C}}]}?

YES 1 {BOX_14}
NO 2 {BOX_14}
REF -7 {BOX_14}
DK -8 {BOX_14}

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

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

| DISPLAY ', [which may also be known as {ALIAS B} |
| {or {ALIAS C}}]' IF THERE IS MORE THAN ONE |
| EXCHANGE NAME ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| DISPLAY 'or {ALIAS C}' IF THERE ARE THREE |
| EXCHANGE NAMES ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| FOR 'STATE EXCHANGE NAME-A', 'ALIAS B', AND |
| 'ALIAS C', DISPLAY THE EXCHANGE NAME ASSOCIATED |
| WITH THE STATE IN WHICH INTERVIEW IS BEING |
CONDUCTED.

BOX_14
=====

| IF TRICARE/CHAMPVA PROVIDED TO ANY RU MEMBER |
DURING THE PREVIOUS ROUND, GO TO BOX_16

OTHERWISE, CONTINUE WITH HX12

HX12
=====

{STR-DT}
{END-DT}

At any time {since {START DATE}/between {START DATE} and
{END DATE}}, has anyone in the family been covered by TRICARE
or CHAMPVA?

YES 1 {HX12A}
NO 2 {BOX_16}
REF -7 {BOX_16}
DK -8 {BOX_16}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

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

HX12A
=====

{STR-DT}
{END-DT}

Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS
HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

TRICARE Standard; 1
TRICARE Prime; 2
TRICARE Extra; 3
TRICARE for Life; or 4
CHAMPVA? 5

[Code All That Apply]

```
-----  
| IF HX12 IS CODED '1' (YES) AND SINGLE-PERSON RU, |  
| SELECT PERSON AT HX13 AUTOMATICALLY BY CAPI AND |  
| GO TO LOOP_06 |  
-----
```

```
-----  
| IF HX12 IS CODED '1' (YES) AND MULTI-PERSON RU, |  
| CONTINUE WITH HX13 |  
-----
```

HX13
=====

{STR-DT}
{END-DT}

Who is covered by TRICARE or CHAMPVA?

PROBE: Who else is covered by TRICARE or CHAMPVA?

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

GO TO LOOP_06

| ROSTER DETAILS: |
| Title: RU_MEMBERS_1 |
| |
| COL #1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |
OF RU-MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_06
=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_HX06 - END_LP06

| LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE |
| OR CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT- |
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS TRICARE/CHAMPVA |
| AND |
| - PERSON IS FLAGGED AS COVERED BY TRICARE/CHAMPVA |
| DURING THE CURRENT ROUND (I.E., SELECTED AT |
HX13)

| NAVIGATOR DETAILS: LOOP_06 USES NAV_HX06 TO |
CONTROL THE FLOW OF THE LOOP.

NAV_HX06
=====

TRICARE OR CHAMPVA {STR-DT}

SERIES: Time Covered by TRICARE OR CHAMPVA during Reference
Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

- [1. Coverage duration for [Person's Name-65] through
TRICARE OR CHAMPVA [Status-25]
- [2. Coverage duration for [Person's Name-65] through
TRICARE OR CHAMPVA [Status-25]
- [3. Coverage duration for [Person's Name-65] through
TRICARE OR CHAMPVA [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
DISPLAY ALL RU MEMBERS SELECTED AT HX13.

CONTINUE WITH BOX_15 FOR SELECTED RU MEMBER.

BOX_15
=====

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

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP06

END_LP06

=====

| 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_06 AND CONTINUE WITH BOX_16

BOX_16

=====

| IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR |
ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH BOX_17

BOX_17

=====

| IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU |
MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH HX14

HX14
=====

{STR-DT}
{END-DT}

At any time {since {START DATE}/between {START DATE} and {END DATE}}, has anyone in the family had any other type of health insurance from any state or local government agency which **provided hospital and physician benefits**?

YES 1 {HX14A}
NO 2 {BOX_19}
REF -7 {BOX_19}
DK -8 {BOX_19}

HELP AVAILABLE FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

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

HX14A
=====

{STR-DT}

What is the name of the plan?

[Enter text]

| NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED |
| FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER |
(WHERE APPROPRIATE).

| IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND |
GO TO LOOP_07

| IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, |
CONTINUE WITH HX15

HX15
=====

{STR-DT}
{END-DT}

Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

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

GO TO LOOP_07

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_07

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK NAV_HX07 - END_LP07

| LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND |
(I.E., SELECTED AT HX15)

| NAVIGATOR DETAILS: LOOP_07 USES NAV_HX07 TO |
CONTROL THE FLOW OF THE LOOP.

NAV_HX07

=====

{PLAN NAME FROM HX14A.....} {STR-DT}

SERIES: Time Covered by {PLAN NAME FROM HX14A.....} during
Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

- [1. Coverage duration for [Person's Name-65] through
{PLAN NAME FROM HX14A.....} [Status-25]
- [2. Coverage duration for [Person's Name-65] through
{PLAN NAME FROM HX14A.....} [Status-25]
- [3. Coverage duration for [Person's Name-65] through
{PLAN NAME FROM HX14A.....} [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
DISPLAY ALL RU MEMBERS SELECTED AT HX15.

CONTINUE WITH BOX_18 FOR SELECTED RU MEMBER.

BOX_18

=====

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

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP07

END_LP07

=====

```
-----  
| 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_07 AND CONTINUE WITH HX15A |  
-----
```

HX15A

=====

{STR-DT}

{END-DT}

Is the coverage with a program sponsored by a state or local government agency which provided hospital and physician benefits through {STATE EXCHANGE NAME-A}{, [which may also be known as {ALIAS B} {or {ALIAS C}}]}?

```
YES ..... 1 {BOX_19}  
NO ..... 2 {BOX_19}  
REF ..... -7 {BOX_19}  
DK ..... -8 {BOX_19}
```

```
-----  
| DISPLAY ', [which may also be known as {ALIAS B} |  
| {or {ALIAS C}}]' IF THERE IS MORE THAN ONE |  
| EXCHANGE NAME ASSOCIATED WITH THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED. |  
-----
```

```
-----  
| DISPLAY 'or {ALIAS C}' IF THERE ARE THREE |  
| EXCHANGE NAMES ASSOCIATED WITH THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED. |  
-----
```

```
-----  
| FOR 'STATE EXCHANGE NAME-A', 'ALIAS B', AND |  
| 'ALIAS C', DISPLAY THE EXCHANGE NAME ASSOCIATED |  
| WITH THE STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED. |  
-----
```

BOX_19
=====

| IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO |
| ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS |
ROUND, GO TO HX21

OTHERWISE, CONTINUE WITH HX16

HX16
=====

{STR-DT}
{END-DT}

Some people receive health benefits from other state programs such as (READ PROGRAM NAMES BELOW) or other public programs that provide coverage for health care services.

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

At any time {since {START DATE}/between {START DATE} and {END DATE}}, has anyone in the family been covered by any program like this?

YES 1 {LOOP_08}
NO 2 {HX21}
REF -7 {HX21}
DK -8 {HX21}

HELP AVAILABLE FOR A LIST OF OTHER STATE PROGRAMS.

| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |
| STATE PROGRAMS (AS LISTED IN ATTACHMENT 36) FOR |
| 'STATE NAME FOR PROGRAM #N' IF STATE HAS OTHER |
| STATE PROGRAMS. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE} and {END DATE}' IF |
ROUND 5.

LOOP_08

=====

```
-----  
|   FOR EACH OF THE FOLLOWING:   |  
|  
|   GROUP 1                       |  
|   GROUP 2                       |  
|  
|   ASK BOX_20-END_LP08          |  
-----
```

```
-----  
|   LOOP DEFINITION:  LOOP_08 COLLECTS INFORMATION ON |  
|   OTHER STATE OR PUBLIC PROGRAMS.  THE FIRST CYCLE |  
|   OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC      |  
|   INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2   |  
|   OTHER PUBLIC INSURANCE PROGRAMS.                |  
|  
|   THIS LOOP CAN CYCLE A MAXIMUM OF TWICE.  THE    |  
|   SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE |  
|   RESPONSE AT HX20.  IF HX20 IS CODED '1' (YES),  |  
|   THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC |  
|   INSURANCE INFORMATION.  IF HX20 IS CODED '2' (NO), |  
|   '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT   |  
|   ASKED, THE LOOP ENDS.                          |  
-----
```

BOX_20

=====

```
-----  
|   IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17   |  
-----
```

```
-----  
|   OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO |  
|   TO HX18                                           |  
-----
```

HX17
=====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA IS MENTIONED, SELECT 'NONE OF THESE'.

{STATE SPECIFIC PLAN 1}	.....	1	
{STATE SPECIFIC PLAN 2}	.....	2	
{STATE SPECIFIC PLAN 3}	.....	3	
{STATE SPECIFIC PLAN 4}	.....	4	
OTHER	.....	91	{HX17OV}
NONE OF THESE	.....	95	{HX18}
REF	.....	-7	{BOX_21}
DK	.....	-8	{BOX_21}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL |
| NAME OF A STATE PLAN WHEN INTERVIEW IS BEING |
| CONDUCTED IN A STATE THAT HAS OTHER STATE |
| PROGRAMS. FOR THE SPECIFIC NAMES OF PROGRAMS BY |
STATE, SEE ATTACHMENT 36.

| ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP |
| 1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED |
ABOUT IN HX19.

| CODES '1', '2', '3', '4', '5', AND '6' ARE |
| RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE |
| HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER |
| CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC |
| PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' |
AT HX18.)

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX17OV

IF CODED '95' (NONE OF THESE), GO TO HX18

OTHERWISE, GO TO BOX_21

| HARD CHECK: |
| EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED |
| WITH ANY OTHER CODES. IF CODED '95' (NONE OF |
| THESE) WITH ANY OTHER CODES, DISPLAY THE |
| FOLLOWING MESSAGE: "95 CANNOT BE CODED WITH ANY |
OTHER RESPONSES. VERIFY AND RE-ENTER. CONTINUE."

HX17OV
=====

SPECIFY:

[Enter Other Specify] {BOX_21}
REF -7 {BOX_21}
DK -8 {BOX_21}

HX18
=====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES) 7
SSI (SUPPLEMENTAL SECURITY INCOME) 8
WIC (WOMEN, INFANTS AND CHILDREN) 9
IHS (INDIAN HEALTH SERVICE) 10
PUBLIC HEALTH CLINIC 11
VA (VETERANS ADMINISTRATION) 12
REF -7 {END_LP08}
DK -8 {END_LP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A |
| GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN |
ASKED ABOUT IN HX19

| IF: |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND |
| AND |
| HX18 IS CODED '7' (TANF), '8' (SSI), OR '9' |
| (WIC), ALONE OR WITH ANY OTHER COMBINATION OF |
CODES, CONTINUE WITH BOX_21

OTHERWISE, GO TO END_LP08

BOX_21
=====

```
-----  
| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 |  
| AUTOMATICALLY BY CAPI AND GO TO LOOP_09 |  
-----
```

```
-----  
| IF MULTI-PERSON RU, CONTINUE WITH HX19 |  
-----
```

HX19
=====

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

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

```
-----  
| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED |  
| AT HX17. IF COMING FROM HX18, DISPLAY ALL |  
| PROGRAMS SELECTED AT HX18. |  
-----
```

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_MEMBERS_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_09

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS ROSTER, ASK BOX_21A - END_LP09

| LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER |
| PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT |
| -PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER |
| PUBLIC PROGRAM |
| AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 |
| OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE |
CURRENT ROUND (I.E., SELECTED IN HX19)

| NAVIGATOR DETAILS: LOOP_09 USES EITHER NAV_HX09A |
OR NAV_HX09B TO CONTROL THE FLOW OF THE LOOP.

BOX_21A
=====

```
-----  
| IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT |  
| CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A |  
| ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A |  
| GROUP 1 OTHER PUBLIC PROGRAM. CONTINUE WITH |  
| NAV_HX09A |  
-----
```

```
-----  
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND |  
| CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A |  
| GROUP 2 OTHER PUBLIC PROGRAM. GO TO NAV_HX09B |  
-----
```

NAV_HX09A
=====

STATE SPECIFIC PROGRAM {STR-DT}

SERIES: Time Covered by STATE SPECIFIC PROGRAM during Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

- [1. Coverage duration for [Person's Name-65] through
STATE SPECIFIC PROGRAM] [Status-25]
- [2. Coverage duration for [Person's Name-65] through
STATE SPECIFIC PROGRAM] [Status-25]
- [3. Coverage duration for [Person's Name-65] through
STATE SPECIFIC PROGRAM] [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS SELECTED AT HX19 AND |
| FLAGGED AS BEING COVERED BY A GROUP 1 OTHER PUBLIC |
PROGRAM DURING THE CURRENT ROUND.

GO TO BOX_22 FOR SELECTED RU MEMBER.

NAV_HX09B

=====

STATE: TANF/SSI/WIC/IHS/PHC/VA {STR-DT}

SERIES: Time Covered by STATE: TANF/SSI/WIC/IHS/PHC/VA during Reference Period.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

- [1. Coverage duration for [Person's Name-65] through
STATE: TANF/SSI/WIC/IHS/PHC/VA [Status-25]
- [2. Coverage duration for [Person's Name-65] through
STATE: TANF/SSI/WIC/IHS/PHC/VA [Status-25]
- [3. Coverage duration for [Person's Name-65] through
STATE: TANF/SSI/WIC/IHS/PHC/VA [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
IS PRESENTED

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER FOR SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
DISALLOWED.

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL RU MEMBERS SELECTED AT HX19 AND |  
| FLAGGED AS BEING COVERED BY A GROUP 2 OTHER PUBLIC |  
| PROGRAM DURING THE CURRENT ROUND. |  
-----
```

```
-----  
| GO TO BOX_22 FOR SELECTED RU MEMBER |  
-----
```

BOX_22
=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |  
| FOR THIS PERSON. |  
-----
```

```
-----  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |  
| END_LP09 |  
-----
```

END_LP09
=====

```
-----  
| 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_09 AND CONTINUE WITH BOX_23 |  
-----
```

BOX_23
=====

```
-----  
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON |  
| SECOND CYCLE OF LOOP_08, GO TO END_LP08 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH HX20 |  
-----
```

HX20
=====

{STR-DT}
{END-DT}

Are there any other state programs that provide coverage for
health care services to anyone else in the family?

YES 1 {END_LP08}
NO 2 {END_LP08}
REF -7 {END_LP08}
DK -8 {END_LP08}

END_LP08
=====

```
-----  
| IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP |  
| 2 PUBLIC INSURANCE INFORMATION. |  
-----
```

```
-----  
| IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8' |  
| (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND |  
| CONTINUE WITH HX21 |  
-----
```

HX21
 =====

{STR-DT}
 {END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had {since {START DATE}/between {START DATE} and {END DATE}} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

{Since {START DATE}/Between {START DATE} and {END DATE}} we show the family has had the following health insurance:

HX21 01. ESTABLISHMENT NAME (INSURER)	HX21 02. COVERED RU MEMBERS
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]
[Display Establishment Name (Display Insurer Name)]	[Display First and Last Names of All Covered RU Members]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```

-----
| DISPLAY 'This includes...coverage.' IF ANYONE IN |
| RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING |
| THE CURRENT ROUND. |
| |
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE} and {END DATE}' IF |
| ROUND 5. |
| |
| DISPLAY 'So far, ... and {END DATE}:' AND THE |
| REPORT OF CURRENT ROUND HEALTH INSURANCE IF ANY |
| SOURCES OF INSURANCE ARE RECORDED FOR THIS RU. |
-----
    
```

HX22
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain health insurance.

{Not counting insurance you already told me about, at/At} any time {since {START DATE}/between {START DATE} and {END DATE}}, was anyone in the family covered by health insurance from any {other} source, such as those listed on the card?

YES	1	{LOOP_10}
NO	2	{BOX_25}
REF	-7	{BOX_25}
DK	-8	{BOX_25}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

```
-----  
| DISPLAY 'Not counting insurance you already told |  
| me about, at' AND 'other' IF ANY SOURCES OF |  
| INSURANCE ARE RECORDED FOR THIS RU. |  
| |  
| IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |  
| RU, DISPLAY 'At'. |  
| |  
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. |  
| DISPLAY 'between {START DATE} and {END DATE}' IF |  
| ROUND 5. |  
-----
```

LOOP_10

=====

```
-----  
| FOR EACH OF THE FOLLOWING: |  
| |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 1 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 2 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 3 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 4 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 5 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 6 |  
| |  
| ASK HX23 - END_LP10 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION |  
| ABOUT PRIVATELY PURCHASED HEALTH INSURANCE |  
| OBTAINED FROM SOURCES OTHER THAN EMPLOYERS |  
| MENTIONED IN THE EMPLOYMENT SECTION OF THE |  
| INTERVIEW. THIS LOOP CYCLES ON SOURCES OF |  
| PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE |  
| FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE |  
| OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT |  
| CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE |  
| AT HX24. IF HX24 IS CODED '1' (YES), THE LOOP |  
| CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF |  
| PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED |  
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), |  
| THE LOOP ENDS. |  
-----
```

HX23
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION	1	{BOX_24}
DIRECTLY THROUGH A SCHOOL	3	{BOX_24}
DIRECTLY FROM AN INSURANCE AGENT	4	{BOX_24}
DIRECTLY FROM INSURANCE COMPANY	5	{BOX_24}
DIRECTLY FROM AN HMO	6	{BOX_24}
FROM A UNION	7	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (COBRA) ..	8	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)	9	{BOX_24}
FROM SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER	10	{BOX_24}
FROM SOME OTHER EMPLOYER	11	{BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE ...	12	{BOX_24}
DIRECTLY FROM A HIGH RISK POOL {/{STATE NAME FOR HIGH RISK POOL}}	13	{BOX_24}
DIRECTLY FROM {STATE EXCHANGE NAME-A} ...	14	{BOX_24}
OTHER SOURCE	91	{HX23OV}
REF	-7	{BOX_24}
DK	-8	{BOX_24}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| STARTING IN PANEL 12 ROUND 2, CATEGORY '2' (FROM |
| A HEALTH INSURANCE PURCHASING ALLIANCE) WAS |
OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS.

| STARTING IN PANEL 14 ROUND 5, PANEL 15 ROUND 3 AND |
| PANEL 16 ROUND 1, CATEGORY '13' (DIRECTLY FROM A |
| HIGH RISK POOL {/{STATE NAME FOR HIGH RISK POOL}}) |
| WAS ADDED AS A CATEGORY AND WILL BE ADDED IN ALL |
FUTURE ROUNDS.

| STARTING IN PANEL 17 ROUND 5, PANEL 18 ROUND 3 AND |
| PANEL 19 ROUND 1, CATEGORY '14' (DIRECTLY FROM |
| {STATE EXCHANGE NAME} WAS ADDED AND WILL BE ADDED |
IN ALL FUTURE ROUNDS.

| DISPLAY '{STATE NAME FOR HIGH RISK POOL}' IF |
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED OFFERS |
| A HIGH RISK POOL HEALTH INSURANCE PLAN. THIS |
| INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, HI, |
| ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. IF |
| INTERVIEW STATE IS ONE OF THESE STATES, USE A NULL |
DISPLAY.

| FOR 'STATE NAME FOR HIGH RISK POOL' DISPLAY THE |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE STATE |
IN WHICH INTERVIEW IS BEING CONDUCTED.

| FOR 'STATE EXCHANGE NAME' DISPLAY THE EXCHANGE |
| NAME 'A' ASSOCIATED WITH THE STATE IN WHICH |
INTERVIEW IS BEING CONDUCTED.

| DISPLAY AN 'ADD OTHER SOURCE' BUTTON ON THIS |
SCREEN.

| IF 'ADD OTHER SOURCE' IS SELECTED, PRESENT 'ADD |
| OTHER SOURCE' POP-UP (HX23OV) AND THEN GO TO |
BOX_24.

HX23OV

=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

BOX_24
=====

| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
| FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND |
FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE.

| AT COMPLETION OF THE HP SECTION, CONTINUE WITH |
HX24

HX24
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time {since {START DATE}/between {START DATE} and {END DATE}}, was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES 1 {END_LP10}
NO 2 {END_LP10}
REF -7 {END_LP10}
DK -8 {END_LP10}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

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

END_LP10
=====

| IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE |
NEXT INSURANCE CATEGORY.

OTHERWISE, END LOOP_10, AND CONTINUE WITH BOX_25

BOX_25
=====

| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY |
CURRENT RU MEMBER, GO TO BOX_45

OTHERWISE, CONTINUE WITH BOX_26

BOX_26
=====

| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF |
| INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH |
BOX_27

OTHERWISE, GO TO BOX_29

BOX_27
=====

IF ROUND 1, GO TO LOOP_11

OTHERWISE, CONTINUE WITH BOX_28

BOX_28

=====

```
-----  
| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |  
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING |  
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH |  
| LOOP_11 ONLY IF THERE IS AT LEAST ONE |  
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT |  
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND. |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_29 |  
-----
```

LOOP_11

=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK HX25-END_LP11 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD |  
| AND MANAGED CARE INFORMATION FOR RU MEMBERS |  
| COVERED BY MEDICARE. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING |  
| CONDITIONS: |  
| IF ROUND 1: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON IS AN RU MEMBER FLAGGED AS COVERED BY |  
| MEDICARE DURING THE ROUND |  
| IF NOT ROUND 1: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON IS AN RU MEMBER |  
| AND |  
| - ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND |  
-----
```

HX25
=====

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

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Can you please take out {your/{PERSON}'s} Medicare card?

We do not need {your/his/her} Medicare number, but would like to record the exact date {your/his/her} Medicare coverage became effective and what type of coverage {you/he/she} {have/has} through Medicare.

CARD AVAILABLE 1 {HX26}
CARD NOT AVAILABLE 2 {HX28A}
REF -7 {HX28A}
DK -8 {HX28A}

[Code One]

| STARTING IN PANEL 13 ROUND 1/PANEL 12 ROUND 3, |
CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN).

HX26
====

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

Is that card a regular Medicare card, a Railroad Retirement Board card, or some other Medicare card?

MEDICARE CARD (RED, WHITE AND BLUE) 1
RAILROAD RETIREMENT BOARD CARD (RED,
WHITE AND BLUE) 2
SOME OTHER CARD 3

[Code All That Apply]

| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME |
OTHER CARD.

| IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD |
RETIREMENT BOARD CARD), CONTINUE WITH HX27

IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28A

HX27
=====

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

SHOW CARD HX-2.

Please tell me the effective date listed on the card.

{Are/Is} {you/{PERSON}} entitled to hospital (Part A), medical
(Part B), or both?

EFFECTIVE DATE:

[Enter Month,Day,Year-4]

TYPE OF COVERAGE (IS ENTITLED TO):

HOSPITAL ONLY	1
MEDICAL AND HOSPITAL	2
MEDICAL ONLY	3

[Code One]

| STARTING IN PANEL 13, ROUND 1/PANEL 12, ROUND 3, |
CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN).

GO TO HX32

| HARD CHECK:
| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE |
| (I.E., < OR =) THE INTERVIEW DATE. IF EFFECTIVE |
| DATE IS ON OR BEFORE JANUARY 1, {YEAR}, WHERE |
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, |
| FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE |
ON JAN 1, {YEAR}' .

| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST |
BE = OR > BIRTH DATE OF PERSON.

HX28
=====

OMITTED.

HX28A
=====

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

Part A of Medicare covers most hospital expenses. Part B covers many doctors' expenses, including doctor visits, and the premium is usually deducted from {your/{PERSON}'s} Social Security.

{Are/Is} {you/he/she} covered under Part B of Medicare?

YES	1	{HX29}
NO	2	{HX29}
REF	-7	{HX29}
DK	-8	{HX29}

HX29
=====

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

When did {your/{PERSON}'s} Medicare coverage start?

[Enter Month,Year-4]		{HX30}
REF	-7	{HX29OV}
DK	-8	{HX29OV}

| IF EFFECTIVE DATE IS: |
| - A VALID DATE (I.E., NOT 'RF' (REFUSED) OR 'DK' |
| (DON'T KNOW) IN THE MONTH OR YEAR FIELDS |
| AND |
| - ON OR BEFORE JANUARY 1, {YEAR}, WHERE 'YEAR' IS |
| THE FIRST CALENDAR YEAR OF THE PANEL, |
| THEN FLAG RU MEMBER AS 'WITH HEALTH INSURANCE |
COVERAGE ON JAN 1, {YEAR}.

| HARD CHECK: |
| DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW |
| DATE OR 12/31/{YEAR}, WHERE YEAR IS THE SECOND |
| CALENDAR YEAR OF THE PANEL, IF ROUND 5. '-7' |
| (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON THE |
| MONTH AND YEAR FIELDS. |
| |
| MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE |
OF PERSON.

HX290V

=====

Did {you/he/she} have Medicare coverage on January 1, {YEAR}?

YES 1 {HX30}
NO 2 {HX30}
REF -7 {HX30}
DK -8 {HX30}

| IF HX290V CODED '1' (YES), FLAG PERSON AS 'WITH |
| HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}, WHERE |
'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.

HX290V2

=====

OMITTED.

HX30
=====

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

SHOW CARD HX-2.

{Do/Does} {you/{PERSON}} have a Medicare card that looks like this?

YES 1 {HX32}
NO 2 {HX32}
REF -7 {HX32}
DK -8 {HX32}

HX30A
=====

OMITTED.

BOX_28A
=====

OMITTED.

HX31
=====

OMITTED.

HX31OV
=====

OMITTED.

HX32
=====

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

{{Are/Is} {you/{PERSON}} currently/As of {END DATE}, {were/was}
{you/{PERSON}} enrolled in a Medicare Advantage or managed care plan,
such as an HMO (Health Maintenance Organization) or PPO (Preferred
Provider Organization) to receive {your/his/her} Medicare-funded
health care? When answering, please include only insurance from
Medicare, not any privately purchased or job-related insurance.

YES 1 {HX33}
NO 2 {HX35A}
REF -7 {HX35A}
DK -8 {HX35A}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

| DISPLAY '{Are/Is} {you/{PERSON}} currently' IF NOT |
| ROUND 5. DISPLAY 'as of {END DATE}, {were/was} |
{you/{PERSON}}' IF ROUND 5.

HX32A
=====

OMITTED.

HX33
=====

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

What {is/was} the name of {your/{PERSON}'s} Medicare managed care
plan {as of {END DATE}}?

[Enter Plan Name] {HX33A}
REF -7 {HX33A}
DK -8 {HX33A}

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. |
| |
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

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

HX33A
=====

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

{{Do/Does}/Did} {you/{PERSON}} have prescribed medicine coverage
through {{NAME OF PLAN FROM HX33}}/{your/his/her} Medicare managed
care plan} {as of {END DATE}}?

YES 1
NO 2
REF -7
DK -8

| DISPLAY '{Do/Does}' IF NOT ROUND 5. DISPLAY 'Did' |
| IF ROUND 5. |
| |
| DISPLAY '{NAME OF PLAN FROM HX33}' IF A PLAN NAME |
| WAS CODED AT HX33. DISPLAY '{your/his/her} |
| Medicare managed care plan' IF HX33 IS CODED '-7' |
| (REF) OR '-8' (DK). |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
| ENTERED. |
| |
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

IF ROUND 1 OR ROUND 3, CONTINUE WITH HX34

OTHERWISE, GO TO END_LP11

HX34

====

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

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, {do/does} {you/{PERSON}} (or anyone in the family) pay anything else for {the coverage with {NAME OF PLAN FROM HX33}/this Medicare Managed Care plan}?

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

YES	1	{HX34A}
NO	2	{END_LP11}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

[Code One]

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

```
-----  
| DISPLAY 'the coverage with {NAME OF PLAN FROM |  
| HX33}' IF A MEDICARE PLAN NAME WAS ENTERED AT |  
| HX33. DISPLAY 'this Medicare managed care plan' |  
| IF HX33 WAS CODED '-7' (REF) OR '-8' (DK). |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |  
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

HX34A
=====

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

How {do/does} {you/{PERSON}} pay for {your/his/her} {{NAME OF
PLAN FROM HX33}/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?

DEDUCTED FROM SOCIAL SECURITY 1 {HX35}
PAY DIRECTLY 2 {HX35}
BOTH 3 {HX35}
REF -7 {END_LP11}
DK -8 {END_LP11}

| DISPLAY '{NAME OF PLAN FROM HX33}' IF A MEDICARE |
| PLAN NAME WAS ENTERED AT HX33. DISPLAY 'Medicare |
| managed care' IF HX33 WAS CODED '-7' (REF) OR '-8' |
| (DK). |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
ENTERED.

HX35

====

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

How much {is {your/{PERSON}'s Social Security deduction/{do/does}
{you/{PERSON}} pay in premiums} for {your/his/her} {NAME OF PLAN
FROM HX33} plan?

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

[Enter Amount in Dollars] {HX35OV1}
REF -7 {HX35AA}
DK -8 {HX35AA}

| DISPLAY 'is {your/{PERSON}'s} Social Security |
| deduction' IF HX34A IS CODED '1' (DEDUCTED FROM |
| SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |
| {PERSON}} pay in premiums' IF HX34A IS CODED '2' |
(PAY DIRECTLY) OR '3' (BOTH).

| DISPLAY '{NAME OF PLAN FROM HX33}' IF A MEDICARE |
| PLAN NAME WAS ENTERED AT HX33. OTHERWISE (I.E., |
| IF HX33 WAS CODED '-7' (REF) OR '-8' (DK)), USE A |
| NULL DISPLAY. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
ENTERED.

HX350V1
=====

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

UNIT OF COVERAGE:

PER YEAR	1	{END_LP11}
QUARTERLY/EVERY 3 MONTHS	2	{END_LP11}
BIMONTHLY/EVERY 2 MONTHS	3	{END_LP11}
PER MONTH	4	{END_LP11}
PER WEEK	5	{END_LP11}
BIWEEKLY/EVERY 2 WEEKS	6	{END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{END_LP11}
OTHER	91	{HX350V2}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

[Code One]

HX350V2
=====

SPECIFY:

[Enter Other Specify]		{END_LP11}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

HX35AA
=====

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

{PLAN NAME: {NAME OF PLAN FROM HX33}}

SHOW CARD HX-6.

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

1 - 50	1	{END_LP11}
51 - 100	2	{END_LP11}
101 - 200	3	{END_LP11}
201 - 300	4	{END_LP11}
301 OR MORE	5	{END_LP11}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

```
-----  
| DISPLAY 'PLAN NAME: {NAME OF PLAN FROM HX33}' IF |  
| A MEDICARE PLAN NAME WAS ENTERED AT HX33. |  
| OTHERWISE (I.E., IF HX33 WAS CODED '-7' (REF) OR |  
| '-8' (DK)), USE A NULL DISPLAY. |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |  
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

HX35A
=====

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

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

YES 1
NO 2
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY |
| '{Were/Was}' IF ROUND 5. |
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

| IF CODED '1' (YES) AND ROUND 1 OR ROUND 3, |
CONTINUE WITH HX35B

OTHERWISE, GO TO END_LP11

HX35B
=====

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

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

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

YES 1 {HX35C}
NO 2 {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

[Code One]

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

HX35C
=====

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

How {do/does} {your/{PERSON}} pay for {your/his/her} Part D premium?

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

DEDUCTED FROM SOCIAL SECURITY 1 {HX35D}
PAY DIRECTLY 2 {HX35D}
BOTH 3 {HX35D}
REF -7 {END_LP11}
DK -8 {END_LP11}

HX35D
=====

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

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

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

[Enter Amount in Dollars] {HX35DOV1}
REF -7 {HX35E}
DK -8 {HX35E}

| DISPLAY 'is {your/{PERSON}'s} Social Security |
| deduction' IF HX35C IS CODED '1' (DEDUCTED FROM |
| SOCIAL SECURITY'. DISPLAY '{do/does} {you/ |
| {PERSON}} pay in premiums' IF HX35C IS CODED '2' |
(PAY DIRECTLY) OR '3' (BOTH).

HX35DOV1
=====

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

UNIT OF COVERAGE:

PER YEAR 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS 3 {END_LP11}
PER MONTH 4 {END_LP11}
PER WEEK 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH 8 {END_LP11}
OTHER 91 {HX35DOV2}
REF -7 {END_LP11}
DK -8 {END_LP11}

[Code One]

HX35DOV2
=====

SPECIFY:

[Enter Other Specify] {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

HX35E
=====

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

SHOW CARD HX-7.

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

1 - 30 1 {END_LP11}
31 - 60 2 {END_LP11}
61 - 90 3 {END_LP11}
91 - 120 4 {END_LP11}
121 OR MORE 5 {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

END_LP11
=====

| 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_11 AND CONTINUE WITH BOX_29

BOX_29

=====

| IF ANY RU MEMBER HAS MEDICAID/SCHIP OR GOVT- |
| HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE |
DURING THE CURRENT ROUND, CONTINUE WITH BOX_30

OTHERWISE, GO TO BOX_32

BOX_30

=====

| IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS |
| ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY |
| MEDICAID/SCHIP DURING THE CURRENT ROUND |
| OR |
| IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS |
| ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, |
CONTINUE WITH HX42

OTHERWISE, GO TO BOX_32

| NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID/SCHIP |
| AND GOVT-HOSPITAL/PHYSICIAN, HX42-HX46B WILL BE |
| ASKED ONLY ONCE; EITHER FOR A 'YES' TO HX10 |
| (MEDICAID/SCHIP) OR A 'YES' TO HX14 (GOVT- |
HOSPITAL/PHYSICIAN).

HX36
=====

OMITTED.

HX37
=====

OMITTED.

HX38
=====

OMITTED.

HX38OV1
=====

OMITTED.

HX38OV2
=====

OMITTED.

HX39
=====

OMITTED.

HX40
=====

OMITTED.

BOX_31AA
=====

OMITTED.

HX41
=====

OMITTED.

HX41OV
=====

OMITTED.

HX42
=====

{STR-DT}
{END-DT}

Under {{Medicaid/{STATE NAME FOR MEDICAID}}} or {STATE CHIP NAME}/
the program sponsored by a state or local government agency which
provides hospital and physician benefits} {(are/is)/(were/was)}
(READ NAME(S) BELOW) enrolled in an HMO, that is a Health
Maintenance Organization {between {START DATE} and {END DATE}}?

[With an HMO, you must generally receive care from HMO physicians.
If another doctor is seen, the expense is not covered unless you
were referred by the HMO, or there was a medical emergency.]

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

YES, ALL ARE 1 {HX44}
YES, SOME ARE 2 {HX44}
NO, NONE ARE 3 {HX43}
REF -7 {HX43}
DK -8 {HX43}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
| SCHIP. DISPLAY 'the program....benefits' IF |
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

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

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

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

| DISPLAY 'between {START DATE} and {END DATE}' IF |
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR SELECTION OF RU MEMBERS.

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

| ROSTER FILTER: |
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT- |
| HOSPITAL/PHYSICIAN, |
| AND |
| 2. PERSON IS AN RU MMBER FLAGGED AS COVERED BY |
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING |
THE CURRENT ROUND.

HX43
=====

{STR-DT}
{END-DT}

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

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

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

YES, ALL REQUIRED 1 {HX44}
YES, SOME REQUIRED 2 {HX44}
NO, NONE REQUIRED 3
REF -7
DK -8

HELP AVAILABLE FOR DEFINITIONS 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/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/SCHIP. |
| DISPLAY 'the program....benefits' IF ASKING ABOUT |
GOVT-HOSPITAL/PHYSICIAN.

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

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

| 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 OR GOVT-HOSPITAL/PHYSICIAN.

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID/ |
SCHIP, GO TO HX45

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT- |
HOSPITAL/PHYSICIAN, GO TO HX45

| OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED) |
OR '2' (YES, SOME REQUIRED)), CONTINUE WITH HX44

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR SELECTION OF RU-MEMBERS.

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

```

-----
| ROSTER FILTER:
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-
| HOSPITAL/PHYSICIAN,
| AND
| 2. PERSON IS AN RU MMBER FLAGGED AS COVERED BY
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING
| THE CURRENT ROUND.
-----
  
```

HX44
 =====

```

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

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}} {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 '{Medicaid/{STATE NAME FOR MEDICAID}} or
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/
| SCHIP. IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN,
| USE A NULL DISPLAY.
|
| DISPLAY 'from the....benefits' IF ASKING ABOUT
| GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID/
| SCHIP, USE A NULL DISPLAY.
|
| DISPLAY 'HMO' IF HX42 IS CODED '1' (YES, ALL ARE)
| OR '2' (YES, SOME ARE).
|
| DISPLAY 'health insurance' IF HX43 IS CODED '1'
| (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).
-----
  
```

```

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

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

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

CONTINUE WITH HX45

BOX_31B
=====

OMITTED.

HX45
=====

{STR-DT}
{END-DT}

Is there a monthly premium {for anyone in the family} for the coverage through {{NAME OF PLAN FROM HX44}}/{{Medicaid/{STATE NAME FOR MEDICAID}}}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

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

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

YES, EVERYONE COVERED PAYS 1 {BOX_31}
YES, SOME COVERED PAY 2 {HX45A}
NO, NO ONE COVERED PAYS 3 {BOX_32}
REF -7 {BOX_32}
DK -8 {BOX_32}

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

| DISPLAY '{NAME OF PLAN FROM HX44}' IF THERE IS A |
| CURRENT ROUND INSURER ASSOCIATED WITH THE |
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN |
| INSURANCE. OTHERWISE, DISPLAY, {{Medicaid/... |
| and physician benefits}'. DISPLAY '{Medicaid/ |
| {STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}' |
| IF ASKING ABOUT MEDICAID/SCHIP. DISPLAY 'the |
| program ... benefits' IF ASKING ABOUT GOVT- |
| HOSPITAL/PHYSICIAN. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
| ENTERED. |
| |
| DISPLAY 'for anyone in the family' IF MORE THAN |
| ONE RU MEMBER SELECTED AS COVERED BY MEDICAID/ |
| SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. |
OTHERWISE, USE A NULL DISPLAY.

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

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

| IF CODED '1' (YES, EVERYONE COVERED PAYS), FLAG |
| ALL PERSONS AT HX45A AS 'PAYS FOR COVERAGE DURING |
| CURRENT ROUND.' IF CODED '3' (NO, NO ONE COVERED |
| PAYS), FLAG ALL PERSONS AT HX45A AS 'DOES NOT PAY |
| FOR COVERAGE DURING CURRENT ROUND.' |
| |
| (AHRQ WILL DECIDE ON FLAGS FOR '-7', '-8' AND '-9' |
VALUES AFTER DETERMINING FREQUENCY IN FY2012.)

HX45A

=====

{STR-DT}

{END-DT}

Which family members have a monthly premium for that coverage?

PROBE: Anyone else?

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

| FLAG ALL PERSONS SELECTED AS 'PAYS FOR COVERAGE |
| DURING CURRENT ROUND.' FLAG ALL PERSONS NOT |
| SELECTED AS 'DOES NOT PAY FOR COVERAGE DURING |
CURRENT ROUND.'

CONTINUE WITH BOX_31

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR SELECTION OF RU-MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
2. ADD, DELETE, AND EDIT DISALLOWED.

```
-----  
| ROSTER FILTER: |  
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT- |  
| HOSPITAL/PHYSICIAN, |  
| AND |  
| 2. PERSON IS AN RU MEMBER FLAGGED AS COVERED BY |  
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING |  
| THE CURRENT ROUND. |  
-----
```

BOX_31
=====

```
-----  
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HX46 |  
-----  
-----  
| OTHERWISE, GO TO HX46B |  
-----
```

HX46
=====

{STR-DT}
{END-DT}

How much is the premium for {the {NAME OF PLAN FROM HX44}/that}
coverage?

[Enter Amount in Dollars] {HX46OV1}
REF -7 {HX46B}
DK -8 {HX46B}

```
-----  
| DISPLAY 'the {NAME OF PLAN FROM HX44}' IF THERE |  
| IS A CURRENT ROUND INSURER ASSOCIATED WITH THE |  
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN |  
| INSURANCE. OTHERWISE, DISPLAY, 'that'. |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |  
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

HX460V1
=====

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

UNIT OF COVERAGE:

PER YEAR	1	{HX46B}
QUARTERLY/EVERY 3 MONTHS	2	{HX46B}
BIMONTHLY/EVERY 2 MONTHS	3	{HX46B}
PER MONTH	4	{HX46B}
PER WEEK	5	{HX46B}
BIWEEKLY/EVERY 2 WEEKS	6	{HX46B}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{HX46B}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{HX46B}
OTHER	91	{HX460V2}
REF	-7	{HX46B}
DK	-8	{HX46B}

[Code One]

HX460V2
=====

SPECIFY:

[Enter Other Specify]		{HX46B}
REF	-7	{HX46B}
DK	-8	{HX46B}

HX46B
=====

{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PLAN FROM HX44}}

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

YES 1 {BOX_31C}
NO 2 {BOX_31C}
REF -7 {BOX_31C}
DK -8 {BOX_31C}

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| USE A NULL DISPLAY. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
ENTERED.

BOX_31C
=====

| IF GOVERNMENT-HOSPITAL PHYSICIAN, CONTINUE WITH |
BOX_31D

OTHERWISE, GO TO BOX_32

BOX_31D

=====

```
-----  
| IF HX15A IS CODED '1' (YES, PLAN IS EXCHANGE) AND |  
| HX45 IS CODED '1' (YES, EVERYONE COVERED PAYS) OR |  
| '2' (YES, SOME COVERED PAY), CONTINUE WITH HX47 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_32 |  
-----
```

HX47

=====

{STR-DT}
{END-DT}

Is {the {NAME OF PLAN FROM HX44} plan/this plan} a platinum,
gold, silver, bronze or catastrophic plan?

PLATINUM PLAN	1	{BOX_32}
GOLD PLAN	2	{BOX_32}
SILVER PLAN	3	{BOX_32}
BRONZE PLAN	4	{BOX_32}
CATASTROPHIC PLAN	5	{BOX_32}
IF VOLUNTEERED: SOMETHING ELSE	6	{BOX_32}
REF	-7	{BOX_32}
DK	-8	{BOX_32}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-----  
| DISPLAY 'the {NAME OF PLAN FROM HX44} plan' IF |  
| THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH |  
| THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |  
| DISPLAY 'this plan.' |  
| |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |  
| '{NAME OF PLAN FROM HX44}' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

HX47OV
=====

OMITTED.

BOX_31E
=====

OMITTED.

HX47A
=====

OMITTED.

HX47B
=====

OMITTED.

HX47BOV1
=====

OMITTED.

HX47BOV2
=====

OMITTED.

BOX_32
=====

| IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
| INSURANCE (THAT WAS CREATED DURING THE CURRENT |
| ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH |
LOOP_12

OTHERWISE, GO TO BOX_44C

LOOP_12

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK HX48-END_LP12

| LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH |
| INSURANCE INFORMATION. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH |
| INSURANCE TO A CURRENT RU MEMBER |
| AND |
| - THE INSURANCE COVERAGE PROVIDED BY THE |
ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND

HX48
====

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

SHOW CARD HX-9.

Now think again about {your/{POLICYHOLDER}'s} health insurance
through {ESTABLISHMENT}. Looking at this card, what health
insurance coverage {{do/does}/did} {you/he/she} have {as of {END
DATE}}?

PROBE: Any other health coverage through this plan?

CHECK ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO	1
DENTAL	2
PRESCRIPTION DRUGS	3
VISION	4
MEDICARE SUPPLEMENT/MEDIGAP	5
LONG TERM CARE IN A NURSING HOME	6
EXTRA CASH FOR HOSPITAL STAYS	7
SERIOUS DISEASE OR DREAD DISEASE	8
DISABILITY	9
WORKER'S COMPENSATION	10
ACCIDENT	11
OTHER	91 {HX48OV}
REF	-7 {BOX_33}
DK	-8 {BOX_33}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY,' 'WORKER'S COMPENSATION,' AND 'ACCIDENT'
WILL NOT APPEAR ON THE SHOW CARD.]

| DISPLAY '{do/does}' IF INSURANCE BEING ASKED |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES, |
| COVERED NOW) FOR THE POLICYHOLDER, AND THE CURRENT |
| ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY 'did'. |
| |
| DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

| NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE |
SHOW CARD.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33

HX48OV
=====

SPECIFY:

[Enter Other Specify] {BOX_33}
REF -7 {BOX_33}
DK -8 {BOX_33}

BOX_33

=====

| IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO |
| AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR |
| MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE |
WITH HX49

| IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND |
| HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) |
| ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY |
| CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND |
THEN GO TO BOX_35

| OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE |
SUPPLEMENT OR MEDIGAP)), GO TO BOX_35

HX49
=====

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

What is the name of the insurance company or HMO from which
{you/{POLICYHOLDER}} {receive/receives} the **Medicare Supplement or
Medigap** benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which {you/he/she} {receive/receives} the **Medicare
Supplement or Medigap** benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer]
REF -7
DK -8

TYPE: 1 = INSURANCE COMPANY
2 = HMO
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO.

| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS'. ALSO FLAG AS |
| CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT- |
PERSON-PAIR.

| BOTH INSURER NAME AND INSURER TYPE MUST BE |
ENTERED.

CONTINUE WITH BOX_35

BOX_34
=====

OMITTED.

LOOP_13
=====

OMITTED.

HX50
=====

OMITTED.

HX50OV
=====

OMITTED.

END_LP13
=====

OMITTED.

BOX_35
=====

| IF ESTABLISHMENT TYPE IS INSURANCE COMPANY, |
| INSURANCE COMPANY - FROM AGENT, OR HMO, AND HX48 |
| IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS, |
| INCLUDING COVERAGE THROUGH AN HMO) (BUT NOT '5' |
| (MEDIGAP)), FLAG INSURANCE COMPANY/HMO AS |
| 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS' AND |
| AUTOMATICALLY CODE HX51 WITH APPROPRIATE RESPONSES |
BY CAPI AND GO TO BOX_38

| IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY, |
| INSURANCE COMPANY - FROM AGENT, OR HMO, |
| AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND |
| NOT ALSO CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
CONTINUE WITH HX51

| IF ROUND 1 AND HX48 IS CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
| HMO) AND '5' (MEDICARE SUPPLEMENT/MEDIGAP) (IN |
COMBINATION WITH ANY OTHER CODES), GO TO BOX_38

| IF HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT |
| IS CODED '2' (DENTAL), '3' (PRESCRIPTION DRUGS), |
| '4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| '6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA |
| CASH FOR HOSPITAL STAYS), '8' (SERIOUS DISEASE OR |
DREAD DISEASE), OR '91' (OTHER), GO TO BOX_38

| IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9' |
| (DISABILITY), '10' (WORKER'S COMPENSATION) OR '11' |
(ACCIDENT), GO TO END_LP12

| IF ROUND 1 AND HX48 IS CODED '-7' (REFUSED) OR |
'-8' (DON'T KNOW), GO TO BOX_39

| IF ROUND 2, 3, 4, OR 5 AND HX48 IS CODED '-7' |
(REFUSED) OR '-8' (DON'T KNOW), GO TO BOX_38

HX51
=====

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

What is the name of the insurance company or HMO from which
{you/{POLICYHOLDER}} {receive/receives} **hospital and physician
benefits?**

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which {you/he/she} {receive/receives} **hospital and
physician benefits?**

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer]
REF -7
DK -8

TYPE: 1 = INSURANCE COMPANY
2 = HMO
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO.

| FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS'. ALSO FLAG AS CURRENT ROUND'S |
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

| BOTH INSURER NAME AND INSURER TYPE MUST BE |
ENTERED.

CONTINUE WITH BOX_38

BOX_36
=====

OMITTED.

LOOP_14
=====

OMITTED.

HX52
=====

OMITTED.

HX52OV
=====

OMITTED.

END_LP14
=====

OMITTED.

BOX_37
=====

OMITTED.

HX53
=====

OMITTED.

HX54
=====

OMITTED.

LOOP_15
=====

OMITTED.

HX55
=====

OMITTED.

HX55OV
=====

OMITTED.

END_LP15
=====

OMITTED.

BOX_38
=====

GO TO BOX_40

HX56
=====

OMITTED.

LOOP_16
=====

OMITTED.

HX57
=====

OMITTED.

HX57OV
=====

OMITTED.

HX58
=====

OMITTED.

END_LP16
=====

OMITTED.

BOX_39
=====

OMITTED.

HX59
=====

OMITTED.

HX59OV
=====

OMITTED.

BOX_40
=====

```
-----  
| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE |  
| INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN |  
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/ |  
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT |  
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |  
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, |  
| CONTINUE WITH LOOP_17 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_41A |  
-----
```

LOOP_17
=====

```
-----  
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER, ASK BOX_40A - END_LP17 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON |  
| PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |  
| MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH |  
| POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT- |  
| HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN |  
| HMO/MANAGED CARE PLAN. THIS LOOP CYCLES ON |  
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN |  
| BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE |  
| AND |  
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |  
| AND |  
| - INSURER IS THE SOURCE OF THE HOSPITAL AND |  
| PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH |  
| THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY |  
| OR SELF-INSURED COMPANY) |  
-----
```

BOX_40A

=====

```
-----  
| IF INSURER IS AN HMO (EPIN.INSTYPE = 2), GO TO |  
| END_LP17 |  
-----
```

```
-----  
| OTHERWISE (I.E., IF INSURER IS NOT AN HMO), |  
| CONTINUE WITH BOX_41 |  
-----
```

BOX_41

=====

```
-----  
| PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER |  
-----
```

```
-----  
| AT COMPLETION OF THE MC SECTION, CONTINUE WITH |  
| END_LP17 |  
-----
```

END_LP17

=====

```
-----  
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |  
| END LOOP_17 AND CONTINUE WITH BOX_41A |  
-----
```

BOX_41A

=====

```
-----  
| IF HP04A IS CODED '1' (YES, PLAN IS EXCHANGE) OR |  
| IF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS |  
| 'EXCHANGE COVERAGE' (HX03=11 OR HX23=14) |  
| AND |  
| IS FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN |  
| BENEFITS' (HX48 IS CODED '1' (HOSPITAL AND |  
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH |  
| AN HMO) BUT NOT '5' (MEDIGAP)) |  
| AND |  
| POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR |  
| YOUNGER OR IN AGE CATEGORIES 1-8 |  
| CONTINUE WITH HX60A |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_42 |  
-----
```

HX60A
=====

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

Is {your/{PERSON}'s} {INSURER RECORDED AT HX51} plan a platinum,
gold, silver, bronze or catastrophic plan?

PLATINUM PLAN 1 {BOX_42}
GOLD PLAN 2 {BOX_42}
SILVER PLAN 3 {BOX_42}
BRONZE PLAN 4 {BOX_42}
CATASTROPHIC PLAN 5 {BOX_42}
IF VOLUNTEERED: SOMETHING ELSE 6 {BOX_42}
REF -7 {BOX_42}
DK -8 {BOX_42}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX51 FOR |
| '{INSURER RECORDED AT HX51}' IF A PLAN NAME WAS |
ENTERED. OTHERWISE, USE A NULL DISPLAY

BOX_42
=====

| IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED '5' |
(MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60

OTHERWISE, GO TO BOX_43

HX60
=====

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

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many **Medicare Supplemental** or **Medigap** Plans are referred to by
a Plan Letter. Do you know the Plan Letter for {your/{PERSON}'s}
plan?

PROBE: What is it?

[Enter Plan Letter] {BOX_43}
REF -7 {BOX_43}
DK -8 {BOX_43}

HELP AVAILABLE FOR DEFINITION OF PLAN LETTER.

| HARD CHECK: MEDICARE SUPPLEMENTAL OR MEDIGAP |
| PLANS: MEDICARE SUPPLEMENTAL OR MEDIGAP PLAN |
| LETTER MUST BE 1 CHARACTER LONG, A-L, UPPER OR |
| LOWER CASE. IF CODED OTHER THAN A-L DISPLAY THE |
| FOLLOWING MESSAGE: "Medicare Supplemental or |
| Medigap Plan letter must be A through L. Verify |
and re-enter plan letter."

BOX_43
=====

IF ROUND 1 OR ROUND 3, GO TO HX61

| OTHERWISE (I.E., IF ROUNDS 2, 4, OR 5), CONTINUE |
WITH BOX_43A

BOX_43A
=====

```
-----  
| IF THIS ESTABLISHMENT-PERSON-PAIR: |  
| |  
| - IS FLAGGED AS 'GROUP' (HX03=1 OR 2 OR HX23=1) OR |  
| 'INSURANCE COMPANY-FROM AN AGENT' (HX03=5 OR |  
| HX23=4) OR 'INSURANCE COMPANY' (HX03=6 OR |  
| HX23=5) OR 'HMO' (HX03=7 OR HX23=6) OR 'EXCHANGE |  
| COVERAGE' (HX03=11 OR HX23=14) OR 'UNKNOWN TYPE |  
| -COLLECTED AT OTHER' (HX03=91 OR HX23=91) |  
| AND |  
| - IS FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN |  
| BENEFITS' (HX48 IS CODED '1' (HOSPITAL AND |  
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH |  
| AN HMO) BUT NOT '5' (MEDIGAP)) |  
| AND |  
| - POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR |  
| YOUNGER OR IN AGE CATEGORIES 1-8 |  
| CONTINUE WITH HX61 |  
-----
```

```
-----  
| OTHERWISE, GO TO END_LP12 |  
-----
```

HX61
=====

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

For the coverage through {ESTABLISHMENT}, does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

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

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST 1 {BOX_43B}
YES, PAY SOME OF PREMIUM/COST 2 {BOX_43B}
YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST 3 {BOX_43B}
NO, DO NOT PAY 4 {BOX_44A}
REF -7 {BOX_44A}
DK -8 {BOX_44A}

[Code One]

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

| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
DIRECTLY PURCHASED CATEGORY.

BOX_43B
=====

IF ROUND 1 OR ROUND 3, CONTINUE WITH HX62

OTHERWISE, GO TO HX62A

HX62
=====

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

How much {{do/does}/did} {you/{POLICYHOLDER}} pay for the
{ESTABLISHMENT} coverage?

[Enter Amount in Dollars] {HX62OV1}
REF -7 {BOX_44}
DK -8 {BOX_44}

| DISPLAY '{do/does}' IF INSURANCE BEING ASKED |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES, |
| COVERED NOW)) FOR THE POLICYHOLDER. OTHERWISE, |
DISPLAY 'did'.

| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
DIRECTLY PURCHASED CATEGORY.

HX62OV1
=====

{Is/Was} that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR 1 {BOX_44}
QUARTERLY/EVERY 3 MONTHS 2 {BOX_44}
BIMONTHLY/EVERY 2 MONTHS 3 {BOX_44}
PER MONTH 4 {BOX_44}
PER WEEK 5 {BOX_44}
BIWEEKLY/EVERY 2 WEEKS 6 {BOX_44}
SEMI-ANNUALLY/2 TIMES PER YEAR 7 {BOX_44}
SEMI-MONTHLY/2 TIMES PER MONTH 8 {BOX_44}
OTHER 91 {HX62OV2}
REF -7 {BOX_44}
DK -8 {BOX_44}

[Code One]

```
-----  
| DISPLAY 'Is' IF INSURANCE BEING ASKED ABOUT IS |  
| CURRENT (I.E., HQ02 IS CODED '1' (YES, COVERED |  
| NOW)) FOR THE POLICYHOLDER. OTHERWISE, DISPLAY |  
| 'Was'. |  
-----
```

HX620V2

=====

SPECIFY:

```
[Enter Other Specify] ..... {BOX_44}  
REF ..... -7 {BOX_44}  
DK ..... -8 {BOX_44}
```

BOX_44

=====

```
-----  
| IF THIS ESTABLISHMENT-PERSON-PAIR: |  
| |  
| - IS FLAGGED AS 'GROUP' (HX03=1 OR 2 OR HX23=1) OR |  
| 'INSURANCE COMPANY-FROM AN AGENT' (HX03=5 OR |  
| HX23=4) OR 'INSURANCE COMPANY' (HX03=6 OR |  
| HX23=5) OR 'HMO' (HX03=7 OR HX23=6) OR 'EXCHANGE |  
| COVERAGE' (HX03=11 OR HX23=14) OR 'UNKNOWN TYPE |  
| -COLLECTED AT OTHER' (HX03=91 OR HX23=91) |  
| AND |  
| - IS FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN |  
| BENEFITS' (HX48 IS CODED '1' (HOSPITAL AND |  
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH |  
| AN HMO) BUT NOT '5' (MEDIGAP)) |  
| AND |  
| - POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR |  
| YOUNGER OR IN AGE CATEGORIES 1-8 |  
| CONTINUE WITH HX62A |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_44A |  
-----
```

HX62A
=====

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

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

YES 1 {BOX_44A}
NO 2 {BOX_44A}
REF -7 {BOX_44A}
DK -8 {BOX_44A}

BOX_44A
=====

IF ROUND 1 OR ROUND 3, CONTINUE WITH BOX_44B

OTHERWISE, GO TO END_LP12

HX63
=====

OMITTED.

HX63OV
=====

OMITTED.

BOX_44B
=====

| IF INSURANCE BEING ASKED ABOUT PROVIDES MEDICARE |
| SUPPLEMENT/MEDIGAP COVERAGE (I.E., HX48 IS CODED |
| '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE |
OR WITH ANY COMBINATION OF CODES), GO TO END_LP12

OTHERWISE, CONTINUE WITH HX63A

HX63A
=====

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

Is the {family} annual deductible for medical care for this plan less than {\$1,300 **or** \$1,300/\$2,600 **or** \$2,600} or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

LESS THAN {\$1,300/\$2,600}	1	{END_LP12}
{\$1,300/\$2,600} OR MORE	2	{HX63B}
NO ANNUAL DEDUCTIBLE	3	{END_LP12}
REF	-7	{END_LP12}
DK	-8	{END_LP12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANNUAL DEDUCTIBLE.

| DISPLAY '\$1,300 or \$1,300' IN THE QUESTION TEXT |
| AND '\$1,300' IN THE RESPONSE CATEGORY OPTIONS IF |
| THE POLICYHOLDER IS THE ONLY COVERED RU MEMBER AND |
| THERE ARE NO DEPENDENTS OUTSIDE THE RU (HP17 IS |
| CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW)) FOR THE PAIR BEING ASKED ABOUT. OTHERWISE |
| (E.G., AT LEAST ONE RU MEMBER, OTHER THAN THE |
| POLICYHOLDER IS LISTED AS A COVERED PERSON FOR |
| THIS PAIR OR HP17 IS CODED '1' (YES) FOR THIS |
| PAIR OR THE POLICYHOLDER IS NOT IN THE RU), |
| DISPLAY 'family' and '\$2,600 or \$2,600' IN THE |
| QUESTION TEXT AND '\$2,600' IN THE RESPONSE |
| CATEGORY OPTIONS. |

| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR- |
| CVRD-PERS-TRPLS-ROSTER <= 2 AND HP17 IS CODED '2' |
| (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW), THEN |
| DISPLAY '1,300 or 1,300' IN THE QUESTION TEXT AND |
| '1,300' IN THE RESPONSE CATEGORY OPTIONS. |

| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR- |
| CVRD-PERS-TRPLS-ROSTER <= 2 AND HP17 IS CODED '1' |
| (YES), THEN DISPLAY 'family' AND '2,600 or 2,600' |
| IN THE QUESTION TEXT AND '2,600' IN THE RESPONSE |
| CATEGORY OPTIONS. |

| IF POLICYHOLDER IS FLAGGED AS 'DECEASED' AND THE |
| NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR- |
| CVRD-PERS-TRPLS-ROSTER > 2, THEN DISPLAY 'family' |
| AND '2,600 or 2,600' IN THE QUESTION TEXT AND |
| '2,600' IN THE RESPONSE CATEGORY OPTIONS. |

HX63B
=====

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

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

YES 1 {END_LP12}
NO 2 {END_LP12}
REF -7 {END_LP12}
DK -8 {END_LP12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEALTH SAVINGS ACCOUNTS (HSAs).

END_LP12
=====

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_12 AND CONTINUE WITH BOX_44C

BOX_44C
=====

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-----  
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HX63C |  
-----  
  
-----  
| OTHERWISE, GO TO BOX_45 |  
-----
```

HX63C
=====

{STR-DT}
{END-DT}

Does anyone in the family have a Flexible Spending Account
for health expenses?

IF NECESSARY, SAY: These accounts are offered by some employers
to allow employees to set aside pre-tax dollars of their own
money for their use throughout the year to reimburse themselves
for their own or their family members' out-of-pocket expenses for
health care. With this type of account, any money remaining in
the account at the end of the year, following a short grace
period, is lost to the employee.

YES	1	{HX63D}
NO	2	{BOX_45}
REF	-7	{BOX_45}
DK	-8	{BOX_45}

HX63D
=====

{STR-DT}
{END-DT}

Who has a Flexible Spending Account (FSA) for health expenses?

PROBE: Anyone else?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65] {HX63E}

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| ONE OR MORE FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
DISPLAY ALL PERSONS AGE 16 OR OLDER.

HX63E
=====

{STR-DT}
{END-DT}

How much {{do/does} {you/{PERSON}}/does your family} contribute per
year to {this FSA/these FSAs all together}?

[Amount] {BOX_45}
REF -7 {BOX_45}
DK -8 {BOX_45}

| DISPLAY '{do/does} {you/{PERSON}}' AND 'this FSA' |
| IF ONLY ONE RU MEMBER SELECTED AT HX63D. |
| OTHERWISE, DISPLAY 'does your family' AND 'these |
FSAs all together'.

| SOFT CHECK: |
RANGE CHECK: \$1-\$5000

BOX_45
=====

IF ROUND 1, CONTINUE WITH BOX_46

OTHERWISE, GO TO BOX_50

BOX_46

=====

```
-----  
| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., |  
| FLAGGED AS HAVING MEDICARE, MEDICAID/SCHIP, |  
| GOVT-HOSPITAL/PHYSICIAN, TRICARE/CHAMPVA, OTHER |  
| PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, |  
| {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF |  
| THE PANEL, GO TO BOX_48 |  
-----
```

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-----  
| OTHERWISE, (AT LEAST ONE RU MEMBER BORN BEFORE |  
| 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE |  
| FIRST CALENDAR YEAR OF THE PANEL, IS WITHOUT HEALTH |  
| INSURANCE ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE |  
| FIRST CALENDAR YEAR OF THE PANEL), CONTINUE WITH |  
| LOOP_18 |  
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LOOP_18

=====

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-----  
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |  
| HX64-END_LP18 |  
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```

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-----  
| LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION |  
| ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON |  
| JANUARY 1, {YEAR}, WHERE YEAR IS THE FIRST |  
| CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES ON RU |  
| MEMBERS WHO ARE NOT A COVERED PERSON IN ANY |  
| ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE |  
| THAT MEETS THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE, MEDICAID/SCHIP, GOVT- |  
| HOSPITAL/PHYSICIAN, OTHER PUBLIC, |  
| TRICARE/CHAMPVA, OR PRIVATE INSURANCE |  
| AND |  
| - PERSON IS A CURRENT RU MEMBER WITH A BIRTH DATE |  
| PRIOR TO DECEMBER 31, {YEAR}, WHERE 'YEAR' IS |  
| THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE |  
| PANEL (OR AGE CATEGORY > 1) |  
| AND |  
| - PERIOD OF COVERAGE INCLUDES JANUARY 1, {YEAR}, |  
| WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE |  
| PANEL. |  
-----
```

HX64
=====

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

I have recorded that {you/{PERSON}} {were/was} without insurance on January 1, {YEAR}. {Were/Was} {you/he/she} covered by a health insurance plan or program at any time in the years {YEAR} or {YEAR}?

YES 1 {HX65}
NO 2 {END_LP18}
REF -7 {END_LP18}
DK -8 {END_LP18}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at |
| any time in the years {YEAR} or {YEAR}?" CAPI |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR |
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS |
WOULD BE '2005 or 2006?').

HX65
=====

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

When {were/was} {you/{PERSON}} most recently covered by health insurance? That is, in what month and year did that health insurance end **for the last time** in {YEAR} or {YEAR}?

[Enter Month,Year-4] {HX66}
REF -7 {HX66}
DK -8 {HX66}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL FOR |
| "'YEAR' OR 'YEAR'?". (FOR PANEL 12 FOR EXAMPLE, |
THIS WOULD BE '2005 or 2006?').

| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED |
ON THE MONTH AND YEAR FIELDS.

HX66
=====

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

Was {your/{PERSON}'s} health insurance that ended in {MONTH AND YEAR
FROM HX65/{YEAR} or {YEAR}} obtained through an employer or a
union, was it a government program such as Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE
EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
STATE, OR LOCAL GOVT.) 1
MEDICARE 2
MEDICAID 3
TRICARE/CHAMPVA 4
VA OR MILITARY HEALTH CARE 5
PURCHASED DIRECTLY FROM GROUP, ASSOC.,
OR INS. AGENT, INS. CO. OR HMO 6
OTHER TYPE OF GOVERNMENT SPONSORED
PROGRAM 7
OTHER PUBLIC PROGRAM:
 TANF 8
 SSI 9
 {STATE PROGRAM 1} 10
 {STATE PROGRAM 2} 11
 {STATE PROGRAM 3} 12
 {STATE PROGRAM 4} 13
OTHER 91 {HX66OV}
REF -7 {END_LP18}
DK -8 {END_LP18}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF HX65 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T
| KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR 'MONTH
| AND YEAR FROM HX65'. DISPLAY '{YEAR} or
| {YEAR}' IF HX65 IS CODED '-7' (REFUSED) OR '-8'
| (DON'T KNOW), WHERE 'YEAR' AND 'YEAR' DISPLAYS
| THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF
| THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE
'2005' or '2006'.

| FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF
| A STATE PLAN. FOR THE SPECIFIC NAMES OF PLANS
BY STATE, SEE ATTACHMENT 36.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION
WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO END_LP18

HX66OV
=====

SPECIFY:

[Enter Other Specify] {END_LP18}
REF -7 {END_LP18}
DK -8 {END_LP18}

HX67
=====

OMITTED.

HX68
=====

OMITTED.

HX68OV
=====

OMITTED.

BOX_47
=====

OMITTED.

HX69
=====

OMITTED.

END_LP18
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_18 AND CONTINUE WITH BOX_48

BOX_48

=====

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-----  
| IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |  
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |  
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |  
| HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE |  
| (I.E., MEDICARE, MEDICAID/SCHIP, GOVT- |  
| HOSPITAL/PHYSICIAN, OR TRICARE/CHAMPVA) |  
| AND |  
| NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |  
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |  
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |  
| HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL |  
| AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/ |  
| MEDIGAP BENEFITS ON 1/1/{YEAR}, WHERE 'YEAR' IS |  
| THE FIRST CALENDAR YEAR OF THE PANEL, GO TO |  
| BOX_49 |  
-----
```

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-----  
| OTHERWISE, CONTINUE WITH LOOP_19 |  
-----
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LOOP_19

=====

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
HX70-END_LP19

| LOOP DEFINITION: LOOP_19 COLLECTS INFORMATION ON |
| ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH |
| INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, |
| {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF |
| THE PANEL, TO DETERMINE PERIODS OF COVERAGE IN |
| {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE |
| FIRST CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES |
| ON PERSONS THAT MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS A CURRENT RU MEMBER |
| AND |
| - PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, |
| WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST |
| CALENDAR YEAR OF THE PANEL, OR PERSON'S AGE IS |
| AGE CATEGORIES 2-9 |
| AND |
| - PERSON HAD COMPREHENSIVE HEALTH INSURANCE |
| COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' IS THE |
| FIRST CALENDAR YEAR OF THE PANEL. COMPREHENSIVE |
| HEALTH INSURANCE REFERS TO THE PERSON BEING A |
| COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING |
| ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON- |
| TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST |
| CALENDAR YEAR OF THE PANEL: |
| - ESTABLISHMENT IS MEDICARE |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| - ESTABLISHMENT IS TRICARE |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |
MEDIGAP (I.E., HX48 = 1 OR 5)

HX70
=====

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

I have recorded that {you/{PERSON}} had health insurance coverage on January 1, {YEAR}. {Were/Was} {you/he/she} **ever without** health insurance coverage at any time in {YEAR}?

YES 1 {HX71}
NO 2 {END_LP19}
REF -7 {END_LP19}
DK -8 {END_LP19}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN, "... on JANUARY 1, |
| {YEAR}," DISPLAY THE FIRST CALENDAR YEAR OF THE |
| PANEL. FOR 'YEAR' IN "... at any time in {YEAR}," |
| DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
OF THE PANEL.

HX71
=====

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

Altogether, how many weeks or months {were/was} {you/{PERSON}} without health insurance coverage in the year {YEAR}?

[Enter Small Number] {HX71OV}
REF -7 {END_LP19}
DK -8 {END_LP19}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN THE QUESTION TEXT, |
| DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
OF THE PANEL.

HX710V
=====

ENTER UNIT:

WEEKS 1 {END_LP19}
MONTHS 2 {END_LP19}
REF -7 {END_LP19}
DK -8 {END_LP19}

[Code One]

HX72
=====

OMITTED.

HX73
=====

OMITTED.

HX730V
=====

OMITTED.

HX74
=====

OMITTED.

HX75
=====

OMITTED.

HX750V
=====

OMITTED.

END_LP19
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_19 AND CONTINUE WITH BOX_49

BOX_49

=====

```
-----  
| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE |  
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |  
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |  
| HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL |  
| AND PHYSICIAN BENEFITS |  
| AND/OR |  
| ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE |  
| PUBLIC INSURANCE ON JANUARY 1, {YEAR}, WHERE |  
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, |  
| GO TO BOX_50 |  
-----
```

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-----  
| OTHERWISE, CONTINUE WITH LOOP_20 |  
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```

LOOP_20

=====

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-----  
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, |  
| ASK HX76-END_LP20 |  
-----
```

LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, (OR AGE CATEGORY > 1), AND WHO IS COVERED BY PRIVATE INSURANCE THAT DOES NOT INCLUDE EITHER HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES ON PERSONS WERE EVER COVERED BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE DURING {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, OR {YEAR}, WHERE 'YEAR' IS TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER

AND

- PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, OR IN AGE CATEGORIES 2-9

AND

- PERSON DID NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL:
 - ESTABLISHMENT IS MEDICARE
 - ESTABLISHMENT IS MEDICAID
 - ESTABLISHMENT IS TRICARE
 - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
 - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 = 1 OR 5)

AND

- PERSON IS COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL:

```
-----  
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER |  
| PUBLIC |  
| - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND |  
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |  
| MEDIGAP (I.E., HX48 IS NOT CODED 1 OR 5) |  
-----
```

HX76
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that {you/{PERSON}} {had health insurance coverage for (READ TYPES OF INSURANCE BELOW) coverage} {and} {was covered by a public program} on January 1, {YEAR}. {Were/Was} {you/he/she} ever covered by a more comprehensive health insurance plan or program that paid for medical and doctor's bills at any time in the years {YEAR} or {YEAR}?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES 1 {HX77}
NO 2 {END_LP20}
REF -7 {END_LP20}
DK -8 {END_LP20}

| DISPLAY 'had health...(BELOW)' IF PERSON |
| CONFIRMED AS POLICYHOLDER (HP09 IS CODED '1' |
| (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT |
| HP11) OR SELECTED AS A DEPENDENT (SELECTED AT |
| HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER |
| PAIR WHERE HX48 IS NOT CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS) AND NOT CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY |
| COMBINATION OF CODES FOR ALL OF THOSE PRIVATE |
| ESTABLISHMENT-POLICYHOLDER PAIRS. OTHERWISE, USE |
| A NULL DISPLAY. |
|

| DISPLAY 'was....program' IF PERSON SELECTED AT |
| HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). |
| OTHERWISE, USE A NULL DISPLAY. |
|

| DISPLAY 'and' IF PERSON CONFIRMED AS POLICYHOLDER |
| (HP09 IS CODED '1' (YES)) OR SELECTED AS |
| POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A |
| DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE |
| ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT |
| CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) AND |
| NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER |
| ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF |
| THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS |
| AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 |
| OR GROUP 2 PROGRAM). |
|

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at |
| any time in the years {YEAR} or {YEAR}?" CAPI |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR |
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS |
| WOULD BE '2005 or 2006?'). |
|

HX77
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When {were/was} {you/{PERSON}} most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor's bills end **for the last time** in {YEAR} or {YEAR}?

[Enter Month,Year-4] {HX78}
REF -7 {HX78}
DK -8 {HX78}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL FOR |
| ``YEAR' OR 'YEAR?'. (FOR PANEL 12 FOR EXAMPLE, |
THIS WOULD BE '2005 or 2006?').

| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED |
ON THE MONTH AND YEAR FIELDS.

HX78
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was {your/{PERSON}'s} health insurance that ended in {DATE FROM
HX77/{YEAR} or {YEAR}} obtained through an employer or union, was
it a government program such as Medicare or Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE
EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
STATE, OR LOCAL GOVERNMENT) 1
MEDICARE 2
MEDICAID 3
TRICARE/CHAMPVA 4
VA OR MILITARY HEALTH CARE 5
PURCHASED DIRECTLY FROM GROUP,
ASSOCIATION, OR INSURANCE AGENT,
INSURANCE COMPANY OR HMO 6
OTHER TYPE OF GOVERNMENT SPONSORED
PROGRAM 7
OTHER PUBLIC PROGRAM:
 TANF 8
 SSI 9
 {STATE PROGRAM 1}..... 10
 {STATE PROGRAM 2} 11
 {STATE PROGRAM 3} 12
 {STATE PROGRAM 4} 13
OTHER 91 {HX78OV}
REF -7 {END_LP20}
DK -8 {END_LP20}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF HX77 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T
| KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR 'MONTH
| AND YEAR FROM HX77'. DISPLAY 'in {YEAR} or
| {YEAR}' IF HX77 IS CODED '-7' (REFUSED) OR '-8'
| (DON'T KNOW), WHERE "'YEAR' or 'YEAR'" DISPLAYS
| THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF
| THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE
'2005' or '2006'.

| FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF
| STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A
| STATE THAT HAS OTHER STATE PROGRAMS. FOR THE
| SPECIFIC NAMES OF PROGRAMS BY STATE, SEE
ATTACHMENT 36.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION
WITH OTHER CODES, CONTINUE WITH HX78OV

OTHERWISE, GO TO END_LP20

HX78OV
=====

SPECIFY:

[Enter Other Specify] {END_LP20}
REF -7 {END_LP20}
DK -8 {END_LP20}

HX79
=====

OMITTED.

HX80
=====

OMITTED.

HX80OV
=====

OMITTED.

END_LP20
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_20 AND CONTINUE WITH BOX_50

BOX_50
=====

IF ROUND 2 OR ROUND 4, CONTINUE WITH HX81

OTHERWISE, GO TO BOX_51

LOOP_21
=====

OMITTED.

HX81
=====

When answering the next questions, think about money that your family has spent on out of pocket expenses for medical care. We do **not** want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for.

In the past 12 months did anyone in the family have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

YES	1	{HX82}
NO	2	{HX82}
REF	-7	{HX82}
DK	-8	{HX82}

HX82
=====

Does anyone in your family currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

YES	1
NO	2
REF	-7
DK	-8

IF HX81 IS CODED '2' (NO), GO TO BOX_51

OTHERWISE, CONTINUE WITH HX83

HX83
=====

Does anyone in your family currently have any medical bills that
you are unable to pay at all?

YES	1	{BOX_51}
NO	2	{BOX_51}
REF	-7	{BOX_51}
DK	-8	{BOX_51}

END_LP21
=====

OMITTED.

BOX_51
=====

GO TO NEXT QUESTIONNAIRE SECTION