Now I'd like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}.

(ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.)

PRESS ENTER TO CONTINUE.
BOX_02
=======

---
ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION.
---

---
AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03.
---

BOX_03
=======

---
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
---

---
OTHERWISE, GO TO BOX_05
---
LOOP_01
========

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX02-END_LP01</th>
</tr>
</thead>
</table>

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

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HAS HEALTH INSURANCE THROUGH (ESTABLISHMENT) ......................... 1
DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT) ....................... 2

[Code One]

| IF CODED '2' (DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT)), 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
=======

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

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_01 AND CONTINUE WITH BOX_05              |
----------------------------------------------------

BOX_05
======

----------------------------------------------------
| 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                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
----------------------------------------------------
LOOPEG_02

----------------------------------------------------
<p>| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS- |</p>
<table>
<thead>
<tr>
<th>ROSTER, ASK LOOP_03-END_LP02</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| 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'      |</p>
<table>
<thead>
<tr>
<th>- FIRM SIZE OF ESTABLISHMENT = 1</th>
</tr>
</thead>
</table>
LOOP_03

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

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.
(PERSON'S FIRST MIDDLE AND LAST NAME) {NAME OF ESTABLISHMENT.......} {STR-DT}
(STR-DT)

SHOW CARD HX-1.

{You mentioned that (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 (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}
FROM A HEALTH INSURANCE PURCHASING
ALLIANCE ................................. 4 {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}
OTHER ........................................ 91
REF ...................................... -7 {BOX_06}
DK ......................................... -8 {BOX_06}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DISPLAY 'You mentioned that (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'.

28-8
HX03OV
========

ENTER OTHER:

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

BOX_06
========

----------------------------------------------------
| 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 (PERSON)
(purchase/purchases) health insurance for (ESTABLISHMENT)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
END_LP03

| 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

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

BOX_07

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO HX06</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_08</td>
</tr>
</tbody>
</table>
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

OTHERWISE, GO TO BOX_12
My records indicate that (READ NAMES BELOW) {(are/is)}
{either} {65 years old or older} {or} {joined the household since our last interview).

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

(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}

PRESS F1 FOR DEFINITION OF MEDICARE.

| 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. |
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE AND HAS TURNED 65 SINCE START DATE
OR
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE (NOT SELECTED AT HX07 DURING PREVIOUS ROUND) AND WHO WAS = OR > 65 (OR IN AGE CATEGORY 9) DURING THE PREVIOUS ROUND
OR
- PERSON IS A NEW RU MEMBER

----------------------------------------------------

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
There are several large public health insurance programs (with similar names) that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as Medicaid/(STATE NAME FOR MEDICAID)/or (STATE CHIP NAME), are state programs which cover low income families and individuals or children who do not have private health insurance.

Let me first ask about Medicare. 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

PRESS F1 FOR DEFINITION OF MEDICARE.

DISPLAY 'with similar names' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES 'MEDICAID' OR A NAME SIMILAR TO MEDICARE (SUCH AS MEDI-CAL).
<table>
<thead>
<tr>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>MINNESOTA</td>
<td>NORTH DAKOTA</td>
<td></td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>MISSISSIPPI</td>
<td>OHIO</td>
<td></td>
</tr>
<tr>
<td>COLORADO</td>
<td>MISSOURI</td>
<td>OKLAHOMA</td>
<td></td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>MONTANA</td>
<td>OREGON</td>
<td></td>
</tr>
<tr>
<td>DELAWARE</td>
<td>NEBRASKA</td>
<td>PENNSYLVANIA</td>
<td></td>
</tr>
<tr>
<td>FLORIDA</td>
<td>NEVADA</td>
<td>SOUTH CAROLINA</td>
<td></td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>NEW HAMPSHIRE</td>
<td>SOUTH DAKOTA</td>
<td></td>
</tr>
<tr>
<td>INDIANA</td>
<td>new jersey</td>
<td>TEXAS</td>
<td></td>
</tr>
<tr>
<td>KANSAS</td>
<td>new MEXICO</td>
<td>UTAH</td>
<td></td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>NEW YORK</td>
<td>VERTMONT</td>
<td></td>
</tr>
<tr>
<td>MAINE</td>
<td>NORTH CAROLINA</td>
<td>WEST VIRGINIA</td>
<td>WEST VIRGINIA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WYOMING</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
<th>STATE NAME FOR MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA</td>
<td>IDAHO</td>
<td>MICHIGAN</td>
<td></td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>IOWA</td>
<td>RHODE ISLAND</td>
<td></td>
</tr>
<tr>
<td>GEORGIA</td>
<td>KENTUCKY</td>
<td>VIRGINIA</td>
<td></td>
</tr>
<tr>
<td>HAWAII</td>
<td>MARYLAND</td>
<td>WASHINGTON</td>
<td>WISCONSIN</td>
</tr>
</tbody>
</table>

DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:

DISPLAY 'Arizona Health Care Cost Containment System' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.
DISPLAY 'or ALKIDS' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ALABAMA.

DISPLAY 'or Kids Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'or AR Kids First' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARKANSAS.

DISPLAY 'or Healthy Families or AIM' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'or Child Health Plan Plus (CHP+)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS COLORADO.

DISPLAY 'or Husky Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CONNECTICUT.

DISPLAY 'or Diamond State Health Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS DELAWARE.

DISPLAY 'or Florida Healthy Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS FLORIDA.

DISPLAY 'or Peach Care for Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS GEORGIA.

DISPLAY 'or Children's Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS INDIANA.

DISPLAY 'or Hawk-I' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IOWA.

DISPLAY 'or Kentucky CHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY 'or LaCHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS LOUISIANA.
DISPLAY 'or Cub Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MAINE.

DISPLAY 'or MIChild' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MICHIGAN.

DISPLAY 'or Kids Connection' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEBRASKA.

DISPLAY 'or Nevada Check Up' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEVADA.

DISPLAY 'or NJ Kid Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW JERSEY.

DISPLAY 'or Child Health Plus (CHPlus)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW YORK.

DISPLAY 'or Healthy Start' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OHIO.

DISPLAY 'or Sooner Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OKLAHOMA.

DISPLAY 'or Children Health Insurance Plan (CHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OREGON.

DISPLAY 'or PA CHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS PENNSYLVANIA.

DISPLAY 'or Rite Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS RHODE ISLAND.

DISPLAY 'or Partners for Healthy Children' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA.
DISPLAY 'or Dr. Dynasaur, Vermont Health Access Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VERMONT.

DISPLAY 'or Badger Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WISCONSIN.

USE A NULL DISPLAY FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS OR TENNESSEE.

OTHERWISE, DISPLAY 'or Children's Health Insurance Plan (CHIP)' FOR 'STATE CHIP NAME.'

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

NOTE: HX06 IS ASKED ONLY IN ROUND 1.
Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

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

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

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK
BOX_09-END_LP04

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.

BOX_09
========

IF ROUND 1, GO TO BOX_11

OTHERWISE, CONTINUE WITH BOX_10
BOX_10

| 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 HX09 |

| 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. |
IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08

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 HX09

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 HX09
HX08
====

(Person's First Middle and Last Name)

(Do/Does) (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}

PRESS F1 FOR DEFINITION OF CONDITION/DISABILITY.

HX09
====

(Person's First Middle and Last Name)

People with Social Security usually get Medicare. (Do/Does) (Person) receive Social Security?

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

PRESS F1 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             |

28-23
BOX_12
=======

----------------------------------------------------
| IF MEDICAID 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                     |
----------------------------------------------------
Some people are covered by programs called {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}. These are state programs for low income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.

(SHOW CARD HX-3.)

People covered by {Medicaid/{STATE NAME FOR MEDICAID}} usually have a (piece of paper/card) that looks something like this.

(During the last interview, we recorded that no one in the family was covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}.)

Has anyone in the family been covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} at any time (since (START DATE)/between (START DATE) and (END DATE))?  

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

PRESS F1 FOR DEFINITION OF MEDICAID.
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' (SUBSTITUTING THE REAL NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

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

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

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

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_05
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_13 - END_LP05

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

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 BOX_14

28-28
(During the last interview, we recorded that no one in the family was covered by CHAMPUS, TRICARE or CHAMPVA.)

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

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

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.
IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE
WITH HX13

HX13
====

{STR-DT}
(END-DT)

Who is covered by CHAMPUS, TRICARE or CHAMPVA?

PROBE: Who else is covered by CHAMPUS, TRICARE or CHAMPVA?

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

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

ROSTER DEFINITION: THIS ITEM DISPLAYS THE
RU-MEMBERS-ROSTER.

LOOP_06
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK BOX_15-END_LP06

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD
COVERAGE DETAIL FOR RU MEMBERS COVERED BY CHAMPUS/
CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS CHAMPUS/CHAMPVA
AND
- PERSON IS FLAGGED AS COVERED BY CHAMPUS/
CHAMPVA DURING THE CURRENT ROUND (I.E.,
SELECTED AT HX13)
BOX_15
======

<table>
<thead>
<tr>
<th>ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

END_LP06
=======

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_16</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_16
======

<table>
<thead>
<tr>
<th>IF MEDICAID IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_17</td>
</tr>
</tbody>
</table>
BOX_17

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

OTHERWISE, CONTINUE WITH HX14
(During the last interview, we recorded that no one in the family was covered by any other state sponsored program which provided hospital and physician benefits.)

At any time (since (START DATE)/between (START DATE) and (END DATE)), has anyone in the family had any type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?

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

PRESS F1 FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.
HX14A
=====

What is the name of the plan?

[Enter text] .........................

---------------------------------------------------------------------
| 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 |
---------------------------------------------------------------------

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

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

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

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.

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)
BOX_18
========

<table>
<thead>
<tr>
<th>ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP07</th>
</tr>
</thead>
</table>

END_LP07
========

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH BOX_19</th>
</tr>
</thead>
</table>

BOX_19
========

<table>
<thead>
<tr>
<th>IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS ROUND, GO TO HX21</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HX16</th>
</tr>
</thead>
</table>
During the last interview, we recorded that no one in the family/Some people receive(d) 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..................)

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
NO ..................................... 2 {HX21}
REF ................................... -7 {HX21}
DK .................................... -8 {HX21}

PRESS F1 FOR A LIST OF OTHER STATE PROGRAMS.
<table>
<thead>
<tr>
<th>STATE</th>
<th>OTHER PUBLIC PROGRAM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Hypertension Program</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Teen Prenatal Express Program (TPE)</td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>Arkansas Kidney Disease Commission</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>HIV Children Program</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Colorado Child Health Plan</td>
</tr>
<tr>
<td></td>
<td>Assistance for AIDS Specific Drugs (AASD)</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>ConnPACE</td>
</tr>
<tr>
<td></td>
<td>Connecticut AIDS Drug Assistance Program (CADAP)</td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>Medical Charities Plan</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>Florida Statewide Kidney Disease Program</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>AIDS Drug Assistance Program</td>
</tr>
<tr>
<td>HAWAII</td>
<td>Hawaii Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>HIV Drug Assistance Program</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Catastrophic Fund</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Circuit Breaker Pharmaceutical Assistance Program</td>
</tr>
<tr>
<td></td>
<td>Kentucky AIDS Drug Assistance Program (KADAP)</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Indiana State Department of Health-Renal Program</td>
</tr>
<tr>
<td>IOWA</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Kentucky AIDS Drug Assistance Program (KADAP)</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>HIV Formulary</td>
</tr>
<tr>
<td>MAINE</td>
<td>Elderly Low Cost Drug Program</td>
</tr>
<tr>
<td></td>
<td>Maine AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Kidney Disease Program</td>
</tr>
<tr>
<td></td>
<td>Maryland Pharmacy Assistance Program (MPAP)</td>
</tr>
<tr>
<td></td>
<td>Maryland State Family Planning Program</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>CenterCare Program</td>
</tr>
<tr>
<td></td>
<td>Children's Medical Security Plan</td>
</tr>
<tr>
<td></td>
<td>Healthy Start</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Non-Medicaid MICH-Care Program</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Missouri Kidney Program (MoKP)</td>
</tr>
<tr>
<td>MONTANA</td>
<td>End-Stage Renal Disease Program</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Catastrophic Illness Program</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Pharmaceutical Assistance for the Aged and Disabled (PAAD)</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Services</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>Home Delivery Drug Program</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Child Health Plus (CHP)</td>
</tr>
<tr>
<td></td>
<td>Elderly Pharmaceutical Insurance Program (EPIC)</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>State Kidney Program</td>
</tr>
<tr>
<td></td>
<td>HIV Medications Program</td>
</tr>
<tr>
<td></td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td>OHIO</td>
<td>Ohio Disability Assistance Medical Program</td>
</tr>
<tr>
<td></td>
<td>Ohio AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>Senior Choice</td>
</tr>
<tr>
<td></td>
<td>Senior Health by Choice Care</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>HIV Drug Assistance Programs</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Special Pharmaceutical Benefits Program (SPBP)</td>
</tr>
<tr>
<td></td>
<td>Pharmaceutical Assistance Contract for the Elderly (PACE)</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>General Public Assistance (GPA)</td>
</tr>
<tr>
<td></td>
<td>Medical Program</td>
</tr>
<tr>
<td></td>
<td>Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>Tennessee Renal Disease Program</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Division of Kidney Health Care Program</td>
</tr>
<tr>
<td></td>
<td>AIDS/STD Medication Program</td>
</tr>
<tr>
<td>UTAH</td>
<td>HIV/AIDS Drug Therapy Program</td>
</tr>
<tr>
<td>VERMONT</td>
<td>General Assistance Medical Program</td>
</tr>
<tr>
<td></td>
<td>Vscript Pharmaceutical Program</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Washington State Kidney Disease Program</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>Special Pharmacy Program</td>
</tr>
<tr>
<td>WYOMING</td>
<td>Minimum Medical Program (MMP)</td>
</tr>
</tbody>
</table>
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 |
What is the name of the program?

PROBE: Any other state program?

NOTE: If only TANF/AFDC, SSI, WIC, IHS, Public Health Clinic, or VA is mentioned, code 95.

(State Specific Plan 1) ............... 1
(State Specific Plan 2) ............... 2
(State Specific Plan 3) ............... 3
(State Specific Plan 4) ............... 4
(State Specific Plan 5) ............... 5
(State Specific Plan 6) ............... 6
Other .................................. 91
None of These ........................ 95
Ref .................................... -7
DK .................................... -8

Press F1 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|
| that is, a state Other than one of the following: |
| Alaska   Mississippi  South Carolina             |
| Delaware  Nevada      South Dakota              |
| Kansas    North Dakota  Virginia                |
| Minnesota Oregon      Wisconsin                 |
| For the specific names of programs by state, see |
| box on HX16.                                      |
| Use a NULL display when interview is being      |
| conducted in one of the states listed above.     |

________________________________________________
| 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.)

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. PRESS ENTER TO CONTINUE.'

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

HX17OV

ENTER OTHER:

[Enter Other Specify] ................. {BOX_21}
REF .................................. -7 {BOX_21}
DK .................................... -8 {BOX_21}
What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) OR AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN) ............... 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
DK .................................... -8

PRESS F1 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' (AFDC), '8' (SSI), OR '9' (WIC), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_21 |
---

| OTHERWISE, GO TO END_LP08 |
---
IF SINGLE-PERSON RU, SELECT PERSON AT HX19
AUTOMATICALLY BY CAPI AND GO TO LOOP_09

IF MULTI-PERSON RU, CONTINUE WITH HX19

Who is covered by (READ PROGRAMS ABOVE)?

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

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

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

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

ROSTER DEFINITION:  THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.
LOOP_09
=======

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_22-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)

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.

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.

BOX_22
======

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

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

28-45
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
NO ............................................. 2
REF ........................................... -7
DK ............................................. -8
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.}

PRESS ENTER 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. |
SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain 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
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

PRESS F1 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 NOT OBTAINED THROUGH AN EMPLOYER. 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.
SHOW CARD HX-4.

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

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>From a group or association</td>
<td>1</td>
</tr>
<tr>
<td>From a health insurance purchasing alliance</td>
<td>2</td>
</tr>
<tr>
<td>Directly through a school</td>
<td>3</td>
</tr>
<tr>
<td>Directly from an insurance agent</td>
<td>4</td>
</tr>
<tr>
<td>Directly from insurance company</td>
<td>5</td>
</tr>
<tr>
<td>From a union</td>
<td>6</td>
</tr>
<tr>
<td>From anyone's previous employer (Cobra)</td>
<td>8</td>
</tr>
<tr>
<td>From anyone's previous employer (not Cobra)</td>
<td>9</td>
</tr>
<tr>
<td>From spouse's/deceased spouse's previous employer</td>
<td>10</td>
</tr>
<tr>
<td>From some other employer</td>
<td>11</td>
</tr>
<tr>
<td>Under plan of someone not living here</td>
<td>12</td>
</tr>
<tr>
<td>Other source</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
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

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

PRESS F1 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
========

<table>
<thead>
<tr>
<th>IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT INSURANCE CATEGORY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>otherwise END LOOP_10, AND CONTINUE WITH BOX_25</td>
</tr>
</tbody>
</table>

BOX_25
======

<table>
<thead>
<tr>
<th>IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO TO BOX_45</th>
</tr>
</thead>
<tbody>
<tr>
<td>otherwise, CONTINUE WITH BOX_26</td>
</tr>
</tbody>
</table>

BOX_26
======

<table>
<thead>
<tr>
<th>IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_27</th>
</tr>
</thead>
<tbody>
<tr>
<td>otherwise, GO TO BOX_29</td>
</tr>
</tbody>
</table>
BOX_27
======

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO LOOP_11</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_28</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_28
======

<p>| 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 |</p>
<table>
<thead>
<tr>
<th>IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_29</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
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
(PERSON'S FIRST MIDDLE AND LAST NAME)

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under Section 903(c) of the Public Health Service Act, providing us with the number is a voluntary decision and the benefits (PERSON) may be receiving under this program will not be affected by your decision. This study is being conducted under the authority of Section 902(a) of the Public Health Service Act.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)'s Medicare card?

CARD AVAILABLE .......................... 1
CARD NOT AVAILABLE ........................ 2 {HX29}
REF .......................... -7 {HX29}
DK .................................... -8 {HX29}

[Code One]
HX26

(PERSON'S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVALAIBLE.

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. THE NAME OF THE MANAGED CARE |
| ORGANIZATION WILL BE COLLECTED AT HX28. |
---------------------------------------------

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

---------------------------------------------
| IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28 |
---------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

(MEDICARE) CLAIM NUMBER:
   [Enter Large Number] .................
   REF ..................................... -7
   DK ...................................... -8

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]

----------------------------------------------------
| DISPLAY 'MEDICARE' IF HX26 IS CODED '1' (MEDICARE |
| CARD).                                              |
----------------------------------------------------

----------------------------------------------------
| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE  |
| (I.E., < OR =) THE INTERVIEW DATE. IF EFFECTIVE  |
| DATE IS ON OR BEFORE JANUARY 1, 2000, FLAG RU      |
| MEMBER AS 'WITH HEALTH INSURANCE COVERAGE ON      |
| JAN 1, 2000'.                                      |
----------------------------------------------------

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

----------------------------------------------------
| IF HX26 IS CODED '3' (SOME OTHER CARD), CONTINUE   |
| WITH HX28                                          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_28A                           |
----------------------------------------------------
HX28
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:

RECORD THE INFORMATION FROM THE {OTHER} CARD:

[Enter Text]

----------------------------------------------------
| DISPLAY 'OTHER' IF HX26 IS CODED '1' (MEDICARE   |
| CARD) OR '2' (RAILROAD RETIREMENT BOARD CARD).    |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED '3' (SOME OTHER CARD) ONLY,     |
| CONTINUE WITH HX29                              |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED '1' (MEDICARE CARD) OR '2'      |
| (RAILROAD RETIREMENT BOARD CARD) (IN ADDITION TO|
| '3' (SOME OTHER CARD)), GO TO BOX_28A            |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

When did (PERSON)'s Medicare coverage start?

[Enter Month,Year-4] .................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW|
| DATE OR 12/31/2001 IF ROUND 5. '-7' (REFUSED) AND |
| '-8' (DON'T KNOW) ARE ALLOWED ON THE MONTH AND |
| YEAR FIELDS.                                      |
----------------------------------------------------

----------------------------------------------------
| IF EFFECTIVE DATE IS ON OR BEFORE JANUARY 1, 2000,|
| FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE |
| ON JAN 1, 2000'.                                  |
----------------------------------------------------

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

----------------------------------------------------
| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND |
| CURRENT ROUND IS ROUNDS 1-4, CONTINUE WITH HX29OV |
----------------------------------------------------

----------------------------------------------------
| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND |
| CURRENT ROUND IS ROUND 5, GO TO HX30              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., A DATE IS ENTERED), GO TO HX30   |
----------------------------------------------------
Did (PERSON) have Medicare coverage on January 1, 2000?

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REF</td>
</tr>
<tr>
<td>-8</td>
<td>DK</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| IF HX29OV CODED '1' (YES), FLAG PERSON AS 'WITH |
| HEALTH INSURANCE COVERAGE ON JAN 1, 2000'.        |

HX29OV2
=======

OMITTED.

HX30
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>-7</td>
<td>REF</td>
</tr>
<tr>
<td>-8</td>
<td>DK</td>
</tr>
<tr>
<td>BOX_28A</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td></td>
</tr>
</tbody>
</table>

| NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS INCLUDE THE FOLLOWING: |
| ALASKA   MISSISSIPPI   WYOMING |
| DELAWARE MONTANA           |
| IDAHO    NEW HAMPSHIRE     |
| MAINE    SOUTH DAKOTA      |

| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE HX31 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX32 |

| OTHERWISE, CONTINUE WITH HX31 |

<table>
<thead>
<tr>
<th>HX31</th>
</tr>
</thead>
</table>

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

SHOW CARD HX-5.

Some people on Medicare can enroll in plans called Medicare HMOs. These plans have names like those listed on this card.

Is the name of {PERSON}'s insurance through Medicare{, between (START DATE) and (END DATE),} listed on this card?

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

| DISPLAY ', between (START DATE) and (END DATE),' |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
Which insurance plan is (PERSON)'s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .........

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

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

----------------------------------------------------
| IF ROUND 1, GO TO HX34 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP11 |
----------------------------------------------------
Now I will ask you a question about how (PERSON)'s Medicare works for non-emergency care. (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

{(Are/Is)/Between (START DATE) and (END DATE), (were/was)}
(PERSON) signed up with an HMO, that is a Health Maintenance Organization? With an HMO, you generally receive care from HMO physicians.

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

PRESS F1 FOR DEFINITION OF HMO.

---

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
((END-DT)

(Does/Between (START DATE) and (END DATE), did) Medicare require (PERSON) 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.

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

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICARE FOR THIS ESTABLISHMENT-PERSON-PAIR.

HX33

(Person's First Middle and Last Name) (STR-DT) (END-DT)

What is the name of the (PERSON)'s Medicare {HMO/health insurance}?

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

DISPLAY 'HMO' IF HX32 IS CODED '1' (YES). DISPLAY 'HEALTH INSURANCE' IF HX32A IS CODED '1' (YES).

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

IF ROUND 1, CONTINUE WITH HX34

OTHERWISE, GO TO END_LP11
(PERSON'S FIRST MIDDLE AND LAST NAME)

PLAN NAME: {{PLAN NAME ENTERED AT HX310V}/(NAME OF PLAN FROM HX33)}

Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything directly to (PLAN NAME) for this coverage?

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

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

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
HX35
====

(Person's First Middle and Last Name)

Plan Name: \((\text{Plan Name Entered at HX31OV})/\text{(Name of Plan from HX33)})\)

How much (do/does) (Person) pay for the (Plan Name) coverage?

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

[Enter Amount in Dollars] ..............
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

-------------------------------------------------------------------------------
| DISPLAY '{Plan Name Entered at HX31OV}' IF A PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS ENTERED. |
-------------------------------------------------------------------------------

HX35OV1
=====

Enter 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
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]
HX35OV2
=======

ENTER OTHER:

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

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 OR GOVT-HOSPITAL/ |  
| PHYSICIAN AS A SOURCE OF INSURANCE DURING THE |  
| CURRENT ROUND, CONTINUE WITH BOX_30 |  
----------------------------------------------------

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

28-67
BOX_30
======

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH HX36</th>
</tr>
</thead>
</table>

| IF NOT ROUND 1  
AND  
NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND 
AT LEAST ONE RU MEMBER IS COVERED BY MEDICAID 
DURING THE CURRENT ROUND  
OR  
NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND 
AT LEAST ONE RU MEMBER IS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, 
GO TO BOX_31AA |
|------------------------------------------------------|

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_32</th>
</tr>
</thead>
</table>

| NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID AND 
GOVT-HOSPITAL/PHYSICIAN, HX36-HX47OV WILL BE 
ASKED ONLY ONCE; EITHER FOR A 'YES' TO HX10 
(MEDICAID) OR A 'YES' TO HX14 (GOVT-HOSPITAL/ 
PHYSICIAN). |
|--------------------------------------------------|
HX36
====

(STR-DT)
CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the {{Medicaid/{STATE NAME FOR MEDICAID}/or
{STATE CHIP NAME}}} card or other document for anyone in this
family covered under {this program/the program sponsored by
a state or local government agency which provides hospital
and physician benefits}?

CARD AVAILABLE ......................... 1
CARD NOT AVAILABLE ...................... 2
REF ................................. -7
DK ................................... -8

[Code One]

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or
{STATE CHIP NAME}}' IF ASKING ABOUT MEDICAID. IF
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, USE A NULL
DISPLAY. DISPLAY 'this program' IF ASKING ABOUT
MEDICAID. 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 BOX ON HX06. |

| DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE
REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC
NAME TO USE BY STATE, SEE BOX ON HX06. |

| IF HX36 IS CODED '2' (CARD NOT AVAILABLE), '-7'
(REJECTED), OR '-8' (DON'T KNOW) AND MEDICAID IS
THE SOURCE, GO TO HX40 |

28-69
IF HX36 IS CODED '2' (CARD NOT AVAILABLE), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND GOVT-HOSPITAL/PHYSICIAN IS THE SOURCE, GO TO BOX_31AA

OTHERWISE (I.E., HX36 IS CODED '1' (CARD AVAILABLE)), CONTINUE WITH BOX_31

BOX_31

IF STATE DOES NOT HAVE MEDICAID CARDS OR IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, CODE HX37 AS '2' (SOME OTHER CARD) AUTOMATICALLY BY CAPI AND GO TO HX39

IF STATE DOES HAVE MEDICAID CARDS, CONTINUE WITH HX37
INTERVIEWER:

CODE \{MEDICAID/\{STATE NAME FOR MEDICAID\} \{STATE CHIP NAME\}\} CARD(S) SHOWN/AVAILABLE.

\{MEDICAID/\{STATE NAME FOR MEDICAID\} \{STATE CHIP NAME\}\} CARD ................................... 1
SOME OTHER CARD ........................ 2

\[Code All That Apply\]

--------------------------------------
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 BOX ON HX06.

--------------------------------------
DISPLAY 'STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

--------------------------------------
NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME OTHER CARD. THE NAME OF THE MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX39.

--------------------------------------
IF CODED '1' (MEDICAID CARD), CONTINUE WITH HX38

--------------------------------------
IF CODED '2' (SOME OTHER CARD) ONLY, GO TO HX39
INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

PROGRAM NAME IS...

\{(MEDICAID/\{STATE NAME FOR MEDICAID\})\} ..................... 1 \{HX38OV2\}
OTHER ........................................ 91

[Code One]

| 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 BOX ON HX06.                          |

| DISPLAY 'STATE CHIP NAME' (SUBSTITUTING THE       |
| REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC    |
| NAME TO USE BY STATE, SEE BOX ON HX06.            |

ENTER OTHER:

[Enter Other Specify]
HX38OV2
=======

DATE OF COVERAGE IS ...

CURRENT ................................ 1
EXPIRED .................................... 2
NOT SHOWN ON CARD ....................... 3

[Code One]

-----------------------------------------------
| IF HX37 IS CODED '2' (SOME OTHER CARD), CONTINUE |
| WITH HX39                                         |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_31AA                      |
-----------------------------------------------
HX39
=====

(STR-DT)

INTERVIEWER: RECORD THE INFORMATION FROM THE (OTHER) CARD:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name - 30]
INS CO/PROVIDER OF INS: [Enter Name - 30]
POLICY NUMBER: [Enter Policy number - 20]
PLAN NAME: [Enter Name - 30]
MEMBER ID NUMBER: [Enter ID Number - 20]
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-4]
COMMENTS: [Enter Text - 40]

PRESS F1 FOR DEFINITIONS OF ENTRY FIELDS.

<table>
<thead>
<tr>
<th>DISPLAY 'OTHER' IF HX37 CODED '1' (MEDICAID CARD).</th>
</tr>
</thead>
</table>

<p>| IF HX37 IS CODED '2' (SOME OTHER CARD) ONLY, AND |
| STATE HAS A MEDICAID CARD/DOCUMENT, CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>HX40</th>
</tr>
</thead>
</table>

<p>| IF HX37 IS CODED '1' (MEDICAID CARD) AND '2' (SOME |
| OTHER CARD) OR IF STATE DOES NOT HAVE A MEDICAID   |
| CARD/DOCUMENT, OR IF ASKING ABOUT GOVT-HOSPITAL/ |</p>
<table>
<thead>
<tr>
<th>PHYSICIAN, GO TO BOX_31AA</th>
</tr>
</thead>
</table>
SHOW CARD HX-3.

Does anyone in this family covered under Medicaid/[STATE NAME FOR MEDICAID]/or [STATE CHIP NAME] have a card or other document that looks like this?

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

DISPLAY 'Medicaid' if state in which interview is being conducted uses the name 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (substituting the 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 Box on HX06.

DISPLAY 'or STATE CHIP NAME' (substituting the real state name for program). For the specific name to use by state, see Box on HX06.

NOTE: States that do not offer Medicaid managed care plans include the following:

<table>
<thead>
<tr>
<th>ALASKA</th>
<th>IDAHO</th>
<th>SOUTH DAKOTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARKANSAS</td>
<td>LOUISIANA</td>
<td>WYOMING</td>
</tr>
</tbody>
</table>

BOX_31AA

28-175
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42

OTHERWISE, CONTINUE WITH HX41

---

HX41

---

{STR-DT}

{END-DT}

SHOW CARD HX-6.

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

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

YES .................................... 1
NO ..................................... 2 {HX42}
REF .................................... -7 {HX42}
DK ..................................... -8 {HX42}

---

DISPLAY 'Some people on...on this card.' IF ASKING ABOUT MEDICAID. OTHERWISE, USE A NULL DISPLAY.

---

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

---

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

28-176
Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/that program)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF ASKING ABOUT MEDICAID.
DISPLAY 'that program' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.
FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN'.

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

FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

IF ASKING ABOUT MEDICAID, GO TO BOX_32

OTHERWISE, GO TO HX45
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) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization (between (START DATE) and (END DATE))? [With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
YES, ALL ARE ......................... 1 {HX44}
YES, SOME ARE ....................... 2 {HX44}
NO, NONE ARE ......................... 3
REF .................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE 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 BOX ON HX06.

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

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND
(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.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

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

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

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

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE 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 BOX ON HX06.

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

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
  AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

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

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID, GO TO BOX_32

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
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. IF
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, USE A NULL
DISPLAY.
DISPLAY 'from the....benefits' IF ASKING ABOUT
GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID,
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 BOX ON HX06.

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

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

IF ASKING ABOUT MEDICAID, GO TO BOX_32
HX45

---

{STR-DT}

{END-DT}

{PLAN NAME: \((\text{PLAN NAME ENTERED AT HX41OV})/\{\text{NAME OF PLAN FROM HX44}\}\)}

Does anyone in the family pay anything for the coverage through \((\text{PLAN NAME})/\text{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.]

YES .................................... 1

NO ..................................... 2 \{HX47\}

REF ................................... -7 \{BOX_32\}

DK .................................... -8 \{BOX_32\}

[Code One]

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

---

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY '{PLAN NAME}' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, 'the program sponsored ...'.
(STR-DT)
(END-DT)

(PLAN NAME: ((PLAN NAME ENTERED AT HX410V)/\{NAME OF PLAN FROM HX44}\})

How much does anyone in the family pay for \{the (PLAN NAME)/\ that\} coverage?

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

[Enter Amount in Dollars] ..............
REF ................................... -7 {HX47}
DK .................................... -8 {HX47}

<table>
<thead>
<tr>
<th>DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY '{PLAN NAME ENTERED IN HX410V}' IF A PLAN LETTER WAS ENTERED AT HX410V. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX410V FOR THIS STATE.</td>
</tr>
<tr>
<td>DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED.</td>
</tr>
<tr>
<td>DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, 'that'.</td>
</tr>
</tbody>
</table>

28-185
HX46OV1

ENTER UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR</td>
<td>1</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>4</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>5</td>
</tr>
<tr>
<td>BIWEEKLY/EVERY 2 WEEKS</td>
<td>6</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH</td>
<td>8</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

HX46OV2

ENTER OTHER:

<table>
<thead>
<tr>
<th>Other Details</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

BOX_31A

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

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

[Code All That Apply]

--------------------------------------------------------------------------------
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '{(PLAN NAME ENTERED IN HX41OV)' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED. |
| DISPLAY 'else' IF HX45 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'some of' IF HX45 IS CODED '1' (YES). DISPLAY 'for' IF HX45 IS CODED '2' (NO). |

--------------------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX47OV |

28-187
| OTHERWISE, GO TO BOX_32 |

HX470V

ENTER OTHER:

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

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_45 |

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 |
SHOW CARD HX-7.

Now I'd like to ask a few questions about (POLICYHOLDER)'s health insurance through (ESTABLISHMENT). What type of health insurance (do/does/did) (POLICYHOLDER) get through (ESTABLISHMENT) on (END DATE)?

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

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

---
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 'on (END DATE)' IF ROUND 5. OTHERWISE,
USE A NULL DISPLAY.
---
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33

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

ENTER OTHER:

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

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_34

OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)), GO TO BOX_35
What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits? 

PROBE: Any other insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits? 

1=INS CO  2=HMO  3=SELF-INSURED COMPANY 

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER</th>
<th>HX49_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO DISPLAY ONLY THOSE INSURERS THAT ARE PART OF TRIPLES THAT MEET THE FOLLOWING CONDITIONS: 
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE AND 
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND 
- INSURER IS THE SOURCE OF BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)
FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS'. ALSO FLAG AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

BOX_34
=======
OMITTED.

NOTE: ALL ROUNDS, CONTINUE WITH LOOP_13

28-192
LOOP_13
======

---

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13

---

LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (THAT IS, INSURERS ENUMERATED AT HX49). THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP BENEFITS AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)
HX50
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT...........) (STR-DT)

Is there any other name for the (INSURANCE COMPANY OR HMO NAME.) policy, such as low option or high option?

YES, ANOTHER NAME ...................... 1
NO OTHER NAMES ............................. 2 {END_LP13}
REF ..................................... -7 {END_LP13}
DK ....................................... -8 {END_LP13}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR |
| 'INSURANCE...NAME.'                              |
----------------------------------------------------

HX50OV
======

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ..................................... -7
DK ....................................... -8

END_LP13
========

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON THE 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_13 AND CONTINUE WITH 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_36

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 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 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 (POLICYHOLDER) receives hospital and physician benefits?

PROBE: Any other insurance company or HMO from which (POLICYHOLDER) receives hospital and physician benefits?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF ININSURER</th>
<th>HX51_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO DISPLAY ONLY THOSE INSURERS THAT ARE PART OF TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)
FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS'. ALSO FLAG AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

----------------------------------------------------

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).

2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).

3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

----------------------------------------------------

BOX_36
======
OMITTED.

----------------------------------------------------

NOTE: ALL ROUNDS, CONTINUE WITH LOOP_14
LOOP_14

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14

LOOP DEFINITION: LOOP_14 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)

HX52

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

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ...................... 1
NO OTHER NAMES ......................... 2 {END_LP14}
REF ..................................... -7 {END_LP14}
DK ...................................... -8 {END_LP14}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

DISPLAY THE NAME OF THE INSURANCE CO/HMO
RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'
ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ........................................ -7
DK ........................................... -8

---

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_14 AND CONTINUE WITH BOX_37

---

Omitted.

NOTE: ALL ROUNDS, CONTINUE WITH HX53
(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT.........)  (STR-DT)

(Besides (READ INSURANCE COMPANY/HMO NAMES BELOW), are/Are)
there any other insurance companies or HMOs for
(POLICYHOLDER)'s (ESTABLISHMENT) insurance?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}

YES .................................... 1
NO ..................................... 2 {BOX_38}
REF ................................... -7 {BOX_38}
DK .................................... -8 {BOX_38}

----------------------------------------------------
| DISPLAY 'Besides...are' IF INSURERS COLLECTED AT |
| HX51. OTHERWISE, DISPLAY 'Are'.                  |
| FOR '{INSURANCE COMPANY OR HMO NAME}', DISPLAY ALL |
| THE INSURER NAMES COLLECTED AT HX51.             |
----------------------------------------------------

ROSTER DEFINITION: THIS ITEM USES THE RU-
ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO
DISPLAY ONLY THOSE INSURERS THAT ARE A PART OF
TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH
  INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS
AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE
  PROVIDED THROUGH THIS ESTABLISHMENT
AND
- INSURER IS THE SOURCE OF THE HOSPITAL/PHYSICIAN
  BENEFITS PROVIDED TO PERSON THROUGH THE
  ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO,
  OR SELF-INSURED COMPANY)
What is the name of the other insurance company or HMO for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

PROBE: Any other insurance company or HMO?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.
FLAG INSURANCE CO./HMO AS 'SUPPLYING OTHER BENEFITS'. ALSO FLAG AS CURRENT ROUND'S INSURER(S) FOR THIS SOURCE-POLICYHOLDER PAIR.

---

**INSURER ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (i.e., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).

2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).

3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (i.e., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
LOOP_15

----------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER, ASK HX55-END_LP15  |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_15 COLLECTS OTHER POLICY  |  
| NAMES FOR THE INSURANCE COMPANIES OR HMOS    |  
| PROVIDING OTHER BENEFITS. THIS LOOP CYCLES ON |  
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS:  |  
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH |  
| INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS BUT |  
| NOT MEDICARE SUPPLEMENT OR MEDIGAP           |  
| AND                                          |  
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |  
| PROVIDED THROUGH THIS ESTABLISHMENT         |  
| AND                                          |  
| - INSURER IS THE SOURCE OF THE OTHER BENEFITS |  
| PROVIDED TO PERSON THROUGH THE ESTABLISHMENT |  
| (I.E., THE INSURANCE COMPANY, HMO, OR SELF- |  
| INSURED COMPANY SELECTED AT HX54)            |  
----------------------------------------------------
HX55
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT.......} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ...................... 1
NO OTHER NAME ...................... 2 {END_LP15}
REF .................................. -7 {END_LP15}
DK .................................. -8 {END_LP15}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |
| RECORDED IN HX54_01 WHICH IS BEING LOOPED ON FOR |
| 'INSURANCE...NAME.' |
-----------------------------------------------

HX55Ov
======

ENTER OTHER NAME:

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

END_LP15
======

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

-----------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
| END LOOP_15 AND CONTINUE WITH BOX_38 |
-----------------------------------------------
BOX_38
======

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH HX56</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_40</th>
</tr>
</thead>
</table>

HX56
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT)

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the identification card or cards for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

CARD AVAILABLE ....................... 1
CARD NOT AVAILABLE ..................... 2 {BOX_39}
REF ................................... -7 {BOX_39}
DK .................................... -8 {BOX_39}

[Code One]
LOOP_16
=======

FOR EACH OF THE FOLLOWING:

- INSURANCE IDENTIFICATION CARD 1
- INSURANCE IDENTIFICATION CARD 2
- INSURANCE IDENTIFICATION CARD 3
- INSURANCE IDENTIFICATION CARD 4
- INSURANCE IDENTIFICATION CARD 5

ASK HX57-END_LP16

LOOP DEFINITION: LOOP_16 COLLECTS INSURANCE IDENTIFICATION CARD INFORMATION. THIS LOOP CYCLES ON INSURANCE IDENTIFICATION CARDS THAT ARE AVAILABLE. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO HX58. IF HX58 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT INFORMATION FROM THE NEXT INSURANCE CARD. IF HX58 IS CODED '2' (NO), THE LOOP ENDS.
HX57
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT...........)  (STR-DT)

INTERVIEWER: RECORD THE INFORMATION FROM THE CARD {(BE SURE
TO RECORD PLAN'S CODE)}:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name] ....................................
INSURANCE COMPANY: [Enter Company Name]................
POLICYNUMBER: [Enter Policynumber]......................
PLAN NAME: [Enter name - 30]............................
MEMBER ID NUMBER: [Enter ID Number].....................
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-4].........

PRESS F1 FOR DEFINITION OF ENTRY FIELDS.

----------------------------------------------------
<p>| DISPLAY '(BE SURE TO RECORD PLAN'S CODE)' IF      |
| ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED       |
| ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR     |</p>
<table>
<thead>
<tr>
<th>HP13 IS CODED '1' (YES)).</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED    |
| ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT|
| (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR    |</p>
<table>
<thead>
<tr>
<th>HP13 IS CODED '1' (YES)), CONTINUE WITH HX57OV</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO HX58</th>
</tr>
</thead>
</table>

HX57OV
=====

ENTER PLAN CODE NUMBER:

[Enter Code Number] ....................
REF ..................................... -7
DK ..................................... -8
HX58
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT...........) (STR-DT)

INTERVIEWER:

IS THERE ANOTHER CARD AVAILABLE {OTHER THAN A DEPENDENT CARD
FOR THE SAME POLICY}?

YES ....................... 1
NO ....................... 2

----------------------------------------------------
| DISPLAY 'OTHER...POLICY' IF THERE ARE ANY COVERED |
| PERSONS, OTHER THAN THE POLICYHOLDER, FOR THIS |
| ESTABLISHMENT-PERSON-PAIR.                        |
----------------------------------------------------

END_LP16
=======

----------------------------------------------------
| IF HX58 IS CODED '1' (YES), CYCLE FOR NEXT CARD. |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_39                   |
----------------------------------------------------

BOX_39
======

----------------------------------------------------
| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED '1' (YES)),                        |
| CONTINUE WITH HX59                               |
----------------------------------------------------
| OTHERWISE, GO TO BOX_40                          |
----------------------------------------------------
HX59
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT...........) (STR-DT)

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)'s insurance plan through
(ESTABLISHMENT) listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_40}
REF ................................... -7 {BOX_40}
DK .................................... -8 {BOX_40}

HX59OV
=====

Which insurance plan is (POLICYHOLDER)'s (ESTABLISHMENT)
insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

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

----------------------------------------------------
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_42 |

-----

LOOP_17

-----

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_41 - 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. 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, CONTINUE WITH HX60A

OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO TO BOX_41

HX60A

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of visits to doctors who are not part of (POLICYHOLDER)'s HMO, even if (POLICYHOLDER) (do/does) not have a referral?

YES .................................... 1 {END_LP17}
NO ..................................... 2 {END_LP17}
REF ................................... -7 {END_LP17}
DK .................................... -8 {END_LP17}

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_42           |

--------

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}

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 (PERSON)'s
plan?

PROBE:  What is it?

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

PRESS F1 FOR DEFINITION OF PLAN LETTER.
BOX_43
======

--------------------------------------------
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HX61 |
--------------------------------------------

--------------------------------------------
| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO |
| END_LP12                                      |
--------------------------------------------

BOX_44
======

OMITTED.
HX61
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT..........} {STR-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
YES, PAY SOME OF PREMIUM/COST .......... 2
YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST ........................ 3
NO, DO NOT PAY ........................... 4  {HX63}
REF ..................................... 7 {END_LP12}
DK ....................................... 8 {END_LP12}

[Code One]

PRESS F1 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.
----------------------------------------
HX62
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF
ESTABLISHMENT........}  {STR-DT}

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

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

[Enter Amount in Dollars] ..............
REF ...................................... -7 {BOX_44A}
DK .................................... -8 {BOX_44A}

HX62OV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR ............................... 1 {BOX_44A}
QUARTERLY/EVERY 3 MONTHS .......... 2 {BOX_44A}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {BOX_44A}
PER MONTH .............................. 4 {BOX_44A}
PER WEEK ................................ 5 {BOX_44A}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR 7 {BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH 8 {BOX_44A}
OTHER .................................. 91
REF ...................................... -7 {BOX_44A}
DK .................................... -8 {BOX_44A}

[Code One]
HX62OV2
=======

ENTER OTHER:

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

BOX_44A
=======

--------------------------------------
IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO END_LP12
--------------------------------------

--------------------------------------
OTHERWISE, CONTINUE WITH HX63
--------------------------------------
Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ......................... 1
STATE GOVERNMENT .............................. 2
LOCAL GOVERNMENT .............................. 3
SOME GOVERNMENT .............................. 4
EMPLOYER ........................................ 5
UNION ............................................. 6
OTHER ............................................. 91
REF .............................................. -7
DK ............................................... -8

[Code All That Apply]

DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE A NULL DISPLAY

DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'

IF HX61 IS CODED '4' (NO, DO NOT PAY).

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX63OV

OTHERWISE, GO TO END_LP12
HX63OV
======

ENTER OTHER:

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

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_45 |
------------------------------------------------------

BOX_45
======

------------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_46 |
------------------------------------------------------

------------------------------------------------------
| OTHERWISE, GO TO BOX_50 |
------------------------------------------------------
IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, CHAMPUS/CHAMPVA, OTHER PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, 2000, GO TO BOX_48

OTHERWISE (AT LEAST ONE RU MEMBER BORN BEFORE 12/31/1999 IS WITHOUT HEALTH INSURANCE ON JANUARY 1, 2000), CONTINUE WITH LOOP_18

LOOP_18

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

LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON JANUARY 1, 2000. 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, GOVT-HOSPITAL/PHYSICIAN, OTHER PUBLIC, CHAMPUS/CHAMPVA, OR PRIVATE INSURANCE AND
- PERSON IS A CURRENT RU MEMBER (PART OF THE RU ON 1/1/2000) WITH A BIRTH DATE PRIOR TO DECEMBER 31, 1999 (OR AGE CATEGORY > 1) AND
- PERIOD OF COVERAGE INCLUDES JANUARY 1, 2000
HX64

(PERSON'S FIRST MIDDLE AND LAST NAME)  (STR-DT)

I have recorded that (PERSON) (were/was) without insurance on January 1, 2000. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years 1998 or 1999?

YES .................................... 1
NO ..................................... 2 {HX67}
REF ........................................ -7 {HX67}
DK ........................................ -8 {HX67}

HX65

(PERSON'S FIRST MIDDLE AND LAST NAME)  (STR-DT)

When (were/was) (PERSON) most recently covered by health insurance? That is, in what month and year did that health insurance end for the last time in 1998 or 1999?

[Enter Month,Year-4] ...................
REF ........................................ -7
DK ........................................ -8

| '-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}

Was {PERSON}'s health insurance that ended in {MONTH AND YEAR FROM HX65/in 1998 or 1999} obtained through an employer or a union, was it a government program such as Medicaid, or what?

CODE ALL THAT APPLY.

- OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.) .................. 1
- MEDICARE ...................................... 2
- MEDICAID ...................................... 3
- CHAMPUS/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/AFDC ................................. 8
  - SSI .......................................... 9
  - {STATE PROGRAM 1} ....................... 10
  - {STATE PROGRAM 2} ....................... 11
  - {STATE PROGRAM 3} ....................... 12
  - {STATE PROGRAM 4} ....................... 13
  - {STATE PROGRAM 5} ....................... 14
  - {STATE PROGRAM 6} ....................... 15
- OTHER ............................................. 91
- REF ............................................. -7
- DK ............................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITION 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 'in 1998 or 1999' IF HX65 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).
FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING:

ALASKA       MISSISSIPPI       SOUTH CAROLINA
DELAWARE     NEVADA           SOUTH DAKOTA
KANSAS       NORTH DAKOTA     VIRGINIA
MINNESOTA    OREGON           WISCONSIN

FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.
USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

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

OTHERWISE, GO TO HX67

HX66OV
======

ENTER OTHER:

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

HX67
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES ................................. 1
NO ................................... 2 {BOX_47}
REF ................................ -7 {BOX_47}
DK ................................... -8 {BOX_47}
SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

- CANCER ................................  1
- HYPERTENSION ..........................  2
- DIABETES ..............................  3
- CORONARY ARTERY DISEASE ...............  4
- OTHER ................................. 91
- REF  ................................... -7
- DK  .................................... -8

[Code All That Apply.]

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX68OV |

| OTHERWISE, GO TO END_LP18 |

ENTER OTHER:

- [Enter Other Specify] .................... {END_LP18}
- REF  ..................................... -7 {END_LP18}
- DK  ..................................... -8 {END_LP18}
BOX_47

=======

<table>
<thead>
<tr>
<th>IF PERSON LESS THAN 65 YEARS OF AGE (OR IN AGE CATEGORIES 1-7), CONTINUE WITH HX69</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP18</th>
</tr>
</thead>
</table>

HX69

====

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

(Have/Has) (PERSON) ever tried to purchase health insurance?

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

END_LP18

=======

<p>| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_18 AND CONTINUE WITH BOX_48</th>
</tr>
</thead>
</table>
IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1999 HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE (I.E., MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, OR CHAMPUS/CHAMPVA) AND NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1999 HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/2000, GO TO BOX_49

OTHERWISE, CONTINUE WITH LOOP_19
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, 2000 TO DETERMINE PERIODS OF COVERAGE IN 1999 AND POLICY LIMITATIONS DUE TO SPECIFIC PHYSICAL/MENTAL HEALTH CONDITIONS. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER AND
- PERSON WAS PART OF RU ON 1/1/2000 AND
- PERSON'S DATE OF BIRTH IS BEFORE 12/31/1999 OR IN AGE CATEGORIES 2-9 AND
- PERSON HAD COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/2000. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED PERSON-TRIPLES ON 1/1/2000:
  - ESTABLISHMENT IS MEDICARE
  - ESTABLISHMENT IS MEDICAID
  - ESTABLISHMENT IS CHAMPUS/CHAMPVA
  - 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)

I have recorded that (PERSON) had health insurance coverage on January 1, 2000. (Were/Was) (PERSON) ever without health insurance coverage at any time in 1999?

YES ........................................... 1
NO ............................................. 2 {HX72}
REF ........................................... -7 {HX72}
DK ............................................. -8 {HX72}

HX71
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (STR-DT)

Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year 1999?

[Enter Small Number] ...................
REF ........................................... -7 {HX72}
DK ............................................. -8 {HX72}

HX71OV
=====

ENTER UNIT:

WEEKS ........................................... 1
MONTHS ......................................... 2
REF ............................................. -7 {HX72}
DK ............................................. -8 {HX72}

[Code One]
Thinking about all the health insurance (PERSON) (are/is) covered under, are there any limits or restrictions on any of the plans due to any physical or mental health condition (PERSON) had before the insurance went into effect?

YES .................................... 1
NO ..................................... 2 {HX74}
REF ..................................... -7 {HX74}
DK ..................................... -8 {HX74}

What conditions caused (PERSON) to have limited or restricted insurance?

CODE ALL THAT APPLY.

ASTHMA ................................. 1
SPINE/BACK DISORDERS .............. 2
MIGRAINE HEADACHES ................ 3
CATARACTS ............................. 4
OTHER .................................... 91
REF ..................................... -7
DK ..................................... -8

[Code All That Apply.]

----------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX73OV        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HX74                          |
----------------------------------------------------
ENTER OTHER:

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

(HAVE/HAS) (PERSON) ever been denied health insurance because of poor health?

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

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

CANCER ................................. 1
HYPERTENSION .......................... 2
DIABETES ............................... 3
CORONARY ARTERY DISEASE .......... 4
OTHER ................................. 91
REF ..................................... -7
DK ...................................... -8

[Code All That Apply.]
<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX75OV</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO END_LP19</td>
</tr>
</tbody>
</table>

HX75OV

ENTER OTHER:

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

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, 1999 HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS AND/OR ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY 1, 2000, GO TO BOX_50 |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_20 |

28-230
LOOP_20

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 12/31/1999 (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, 2000. This loop determines if these persons were ever covered by a more comprehensive plan that provided hospital/physician coverage during 1998 or 1999. The loop cycles on persons that meet the following conditions:
- Person is a current RU member and
- Person was part of RU on 1/1/2000 and
- Person's date of birth is before 12/31/1999 or in age categories 2-9 and
- Person did **not** have comprehensive health insurance coverage on 1/1/2000. Comprehensive health insurance refers to the person being a covered person on at least one of the following establishment-policy holder-covered person-triples on 1/1/2000:
  - Establishment is Medicare
  - Establishment is Medicaid
  - Establishment is CHAMPUS/CHAMPVA
  - 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 1/1/2000
  - 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 ≠ 1 or 5)
HX76

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) {had health insurance coverage for (READ TYPES OF INSURANCE BELOW) coverage} {and} {was covered by a public program} on January 1, 2000. (Were/Was) (PERSON) 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 1998 or 1999?

(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
NO ..................................... 2 {HX79}
REF ................................... -7 {HX79}
DK .................................... -8 {HX79}

----------------------------------------------------
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'was....program' IF PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). OTHERWISE, USE A NULL DISPLAY.</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>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).</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
(PERSON'S FIRST MIDDLE AND LAST NAME)

When (were/was) (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 1998 or 1999?

[Enter Month,Year-4] ...................
REF ................................... -7
DK .................................... -8

---------------------------------------------------------------------------------------------------------------------------------------------------
| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS. |
---------------------------------------------------------------------------------------------------------------------------------------------------
HX78
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)

Was (PERSON)'s health insurance that ended in (DATE FROM HX77/1998 or 1999) obtained through an employer or union, was it a government program such as Medicare or Medicaid, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVERNMENT) ............ 1
MEDICARE .................................... 2
MEDICAID .................................... 3
CHAMPUS/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/AFDC ............................... 8
   SSI ....................................... 9
   {STATE PROGRAM 1} ..................... 10
   {STATE PROGRAM 2} ..................... 11
   {STATE PROGRAM 3} ..................... 12
OTHER ....................................... 91
REF ...................................... -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION 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 1998 or 1999' IF HX77 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).---

28-234
FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING:
ALASKA        MISSISSIPPI        SOUTH CAROLINA
DELAWARE      NEVADA           SOUTH DAKOTA
KANSAS        NORTH DAKOTA     VIRGINIA
MINNESOTA     OREGON           WISCONSIN
FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.
USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX780V

OTHERWISE, GO TO HX79

HX780V
========
ENTER OTHER:

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

HX79
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES .................................. 1
NO .................................... 2 {END_LP20}
REF .................................. -7 {END_LP20}
DK .................................. -8 {END_LP20}
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCER</td>
<td>1</td>
</tr>
<tr>
<td>HYPERTENSION</td>
<td>2</td>
</tr>
<tr>
<td>DIABETES</td>
<td>3</td>
</tr>
<tr>
<td>CORONARY ARTERY DISEASE</td>
<td>4</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

(Code All That Apply.)

<table>
<thead>
<tr>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX80OV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO END_LP20</td>
</tr>
</tbody>
</table>

HX80OV

ENTER OTHER:

<table>
<thead>
<tr>
<th>Other Specify</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td>.........</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

28-236
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 3, CONTINUE WITH LOOP_21 |
--------------------

--------------------
| OTHERWISE, GO TO NEXT QUESTIONNAIRE SECTION. |
--------------------

LOOP_21

--------------------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX81_END_LP21 |
--------------------

--------------------
| LOOP DEFINITION: LOOP_21 COLLECTS INFORMATION |
| FOR EACH RU MEMBER TO DETERMINE IF THESE PERSONS |
| HAD ANY COMPREHENSIVE COVERAGE ON DECEMBER 31, |
| 2000. |
--------------------
HX81
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Were/Was) (PERSON) covered by a health insurance plan or program that paid for medical and doctor's bills on December 31, 2000?

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

END_LP21
=======

---------------------------------------------------------------------
| 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_21 AND CONTINUE WITH BOX_51 |
---------------------------------------------------------------------

BOX_51
=======

---------------------------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION |
---------------------------------------------------------------------