

Private Health Insurance Detail (HP) Section

NOTE: FOR 'CATEGORY NAME FROM HX03 OR HX23',
DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED
'4' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
- 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
- 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR
THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03

- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED
'2' AT HX23
- 'SCHOOL' IF CODED '3' AT HX23
- 'INSURANCE AGENT' IF CODED '4' AT HX23
- 'INSURANCE COMPANY' IF CODED '5' AT HX23
- 'HMO' IF CODED '6' AT HX23
- 'UNION' IF CODED '7' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (COBRA)' IF CODED
'8' AT HX23
- 'ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)' IF
CODED '9' AT HX23
- 'SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER'
IF CODED '10' AT HX23
- 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23
- 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12'
AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED
INSURANCE' IF CODED '-7' OR '-8'

NOTE: FOR ROUND 5, THE END DATE IS DISPLAYED IN
THE CONTEXT HEADER FOR QUESTIONS HP04 - HP18.

BOX_01
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| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE |  
| EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH |  
| INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' |  
| WITH A FIRM-SIZE-1, GO TO LOOP_01 |  
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| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON |  
| AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM |  
| A SCHOOL)), GO TO HP03 |  
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| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) |  
| AT HX23, CONTINUE WITH HP01 |  
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HP01
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INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents,
or does it have general health coverage?

GENERAL HEALTH COVERAGE	1
ONLY INJURIES CAUSED BY ACCIDENTS	2 {BOX_11}
REF	-7
DK	-8

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
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INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

YES	1
NO	2 {BOX_11}
REF	-7
DK	-8

HP03
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INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED	1
HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED	2 {BOX_11}

[Code One]

| IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG |
ITEM FOR SOURCE CLEAN-UP.

LOOP_01
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FOR EACH OF THE FOLLOWING:  
  
ESTABLISHMENT 1  
ESTABLISHMENT 2  
ESTABLISHMENT 3  
ESTABLISHMENT 4  
  
ASK BOX_01A-END_LP01  
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LOOP DEFINITION: LOOP-01 COLLECTS DETAILED  
INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN  
EMPLOYER OR THE ESTABLISHMENT NAMES OF THE  
INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23.  
IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER  
ONLY ONE LOOP CYCLE IS COMPLETED.  
  
IF LOOPING ON INSURANCE PROVIDED THROUGH AN  
INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE  
FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT  
NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES,  
IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18.  
IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN  
TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18  
IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),  
OR '-8' (DON'T KNOW), THE LOOP ENDS.  
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BOX_01A
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IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN  
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT  
FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,  
GO TO HP09  
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OTHERWISE, CONTINUE WITH HP04  
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HP04
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
 ESTABLISHMENT.....} {STR-DT}
 {END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {(INSURANCE SOURCE)} {from
 which anyone in the family purchased this insurance/which covers
 anyone in the family/insurance companies for the insurance
 purchased from an agent}.

INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT
 (ESTABLISHMENT) BELOW:

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

ROSTER. ESTABLISHMENT	HP04_02. STREET	HP04_03. CITY
1. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
2. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]
3. Establishment	[Enter Truncated Street Address]	[Enter Truncated City]

 | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
 | ESTABLISHMENTS WHICH ARE SOURCES OF **PRIVATE** |
 | INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS |
 | DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS |
 | 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 |
THAT ARE COMING FROM THE HX03 SERIES).

ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF THE ABOVE'.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

DISPLAY '(INSURANCE SOURCE)' IF **NOT** LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

DISPLAY 'from which anyone in the family purchased this insurance' IF **NOT** LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'which covers anyone in the family' IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'insurance company for the insurance purchased from an agent' IF LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS HP04- HP08 DEPENDS ON THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY), CAPI DISPLAYS THE PERSON AND START DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. OTHERWISE, CAPI DISPLAYS THE START DATE.

| IF INFORMED CONSENT PARAGRAPH HAS NOT BEEN READ |
| THIS ROUND, GO TO HP04A. SCREENS CONTAINING |
| INFORMED CONSENT PARAGRAPH ARE: EM06A, EM12A, |
| EM19A, EM28A, EM41A, EM54A, EM71A, EM83A, EM118A, |
AND HP04A.

OTHERWISE, GO TO BOX_01B

HP04A
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In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person's name from MEPS, so employers and insurance providers can't identify anyone in your household.

[PRESS ENTER TO CONTINUE]

BOX_01B
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| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE' |
IS SELECTED, GO TO HP07

| IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
LIVING HERE) AT HX23, GO TO HP06

OTHERWISE, CONTINUE WITH HP05

HP05
=====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....., ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT 1 {BOX_02}
ADD NEW ADDRESS FOR ESTABLISHMENT 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION 3 {HP08}
SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

| IF CODED '4' (SELECTED WRONG ESTABLISHMENT/
| ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER |
CAN SELECT THE CORRECT ESTABLISHMENT.

HP06
=====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD
LOCATION WHERE PERSON PURCHASED INSURANCE.

Current Info: [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP06_01): [_____]
STREET ADDRESS1 (HP06_02): [_____]
STREET ADDRESS2 (HP06_03): [_____]
CITY (HP06_04): [_____]
STATE (HP06_05): [_____]
ZIP CODE (HP06_06): [_____]
TELEPHONE (HP06_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW |
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A |
NULL DISPLAY.

| NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT |
| COLLECTED UNTIL AFTER WE COLLECT ADDRESS |
| INFORMATION, WE WILL BE COLLECTING ADDRESS |
| INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT |
BE PART OF THE HIPS SAMPLE.

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER.

GO TO BOX_02

| NOTE: WE NOW PLAN TO COLLECT FULL ADDRESS |
| INFORMATION FOR SOURCES OF HEALTH INSURANCE IN |
| ROUND 2 AND BEYOND. THIS ALLOWS US TO CONTINUE TO |
| UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM |
FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).

HP07

=====

{STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
ADDRESS INFORMATION IS NOT NECESSARY.

[Enter Establishment Name]

| NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE |
NOT LIVING HERE) OF HX23 IS ASKED HP07.

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.

GO TO BOX_02

HP08
=====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

CORRECT ADDRESS OR TELEPHONE FOR: (ESTABLISHMENT)

PRESS ENTER TO CONFIRM ENTRY OF INDIVIDUAL FIELD. RE-TYPE
ENTIRE LINE FOR INCORRECT FIELD.

Current Info: [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP08_01): [_____]
STREET ADDRESS1 (HP08_02): [_____]
STREET ADDRESS2 (HP08_03): [_____]
CITY (HP08_04): [_____]
STATE (HP08_05): [_____]
ZIP CODE (HP08_06): [_____]
TELEPHONE (HP08_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

BOX_02

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IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS  
'GROUP'.  
IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS  
'UNION'.  
IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS  
'HEALTH ALLIANCE'.  
IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS  
'INSURANCE COMPANY-FROM AN AGENT'.  
IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS  
'INSURANCE COMPANY'.  
IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.  
IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS  
'PREVIOUS EMPLOYER, NOT COBRA'.  
IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS  
'COBRA'.  
IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS  
'UNKNOWN TYPE-COLLECTED AT OTHER'.  
  
IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS  
'GROUP'.  
IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS  
'HEALTH ALLIANCE'.  
IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS  
'SCHOOL'.  
IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS  
'INSURANCE COMPANY-FROM AN AGENT'.  
IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS  
'INSURANCE COMPANY'.  
IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS  
'HMO'.  
IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS  
'UNION'.  
IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS  
'COBRA'.  
IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS  
'PREVIOUS EMPLOYER, NOT COBRA'.  
IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS  
'SPOUSE PREVIOUS EMPLOYER'.  
IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS  
'EMPLOYER'.  
IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS  
'UNKNOWN TYPE-OUTSIDE RU'.  
IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS  
'UNKNOWN TYPE - COLLECTED AT OTHER'.
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BOX_03
=====

IF LOOPING ON AN HX23 CATEGORY, GO TO HP11

OTHERWISE, CONTINUE WITH HP09

HP09
=====

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

{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured
person or policyholder of this health coverage through
(ESTABLISHMENT)?

YES 1 {LOOP_02}
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'As of |
(END DATE), was' IF ROUND 5.

NOTE: PERSON REFERS TO JOBHOLDER.

| IF CODED '1' (YES), FLAG JOBHOLDER AS |
'POLICYHOLDER'.

HP10
=====

{NAME OF ESTABLISHMENT.....} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

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

{JOBHOLDER/EMPLOYER-PAIR 1}
{JOBHOLDER/EMPLOYER-PAIR 2}
{JOBHOLDER/EMPLOYER-PAIR 3}

JOBHOLDER/EMPLOYER IS LISTED 1 {END_LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED 2 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code One]

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
OTHERWISE, USE NULL DISPLAY.

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PAIRS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT |
| MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
| IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND |
| - PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY |
ESTABLISHMENT

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
KNOW), FLAG FOR EVENT CLEANUP.

HP11
=====

{NAME OF ESTABLISHMENT.....} {STR-DT}
{END-DT}

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

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

- [1. First Name,[Middle Name],Last Name-35] ..
- [2. First Name,[Middle Name],Last Name-35] ..
- [3. First Name,[Middle Name],Last Name-35] ..

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.
OTHERWISE, USE NULL DISPLAY.

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE DU-MEMBERS-ROSTER.

| DISPLAY 'POLICYHOLDER NOT LISTED IN DU' AND
| 'POLICYHOLDER DECEASED' AS LAST TWO ENTRIES ON
THIS ROSTER.

| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND
| 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO
LOOP_02

| IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN
| COMBINATION WITH OTHER NAMES, EXCEPT 'POLICYHOLDER
NOT LISTED IN DU', GO TO HP11B

| IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE |
| OR IN COMBINATION WITH OTHER NAMES AND/OR |
'POLICYHOLDER DECEASED', CONTINUE WITH HP11A

HP11A
=====

{NAME OF ESTABLISHMENT.....} {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

[Enter Specify-15]

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

| NOTE: WHENEVER THIS POLICYHOLDER IS BEING ASKED |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY |
THE 15 CHARACTER ENTRY AT HP11A.

| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, |
CONTINUE WITH HP11B

OTHERWISE, GO TO LOOP_02

HP11B
=====

{NAME OF ESTABLISHMENT.....} {STR-DT}
{END-DT}

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40]

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

FLAG POLICYHOLDER AS 'DECEASED'.

| NOTE: WHENEVER THE POLICYHOLDER IS BEING ASKED |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE |
FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.

LOOP_02
=====

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK BOX_04-END_LP02

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH |
| ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH |
| ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11 |
| DURING THE CURRENT ROUND FOR THE ESTABLISHMENT |
BEING CYCLED ON IN LOOP_01.

BOX_04

=====

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO |
BOX_07

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

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| IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA), |
| '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE |
| PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) |
CONTINUE WITH BOX_06

OTHERWISE, GO TO BOX_07

BOX_06

=====

| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', |
| CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
AND GO TO HP13

| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
BOX_07

OTHERWISE, CONTINUE WITH HP12

HP12
=====

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

(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

CURRENTLY EMPLOYED	1	{HP13}
RETIRED	2	{HP13}
PREVIOUSLY EMPLOYED	3	{HP13}
DECEASED	4	{HP13}
OTHER	91	
REF	-7	{HP13}
DK	-8	{HP13}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR |
A POLICYHOLDER WHO IS A CURRENT RU MEMBER.

| IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
'DECEASED'.

HP120V
=====

ENTER OTHER:

[Enter Other Specify]	
REF	-7
DK	-8

HP13
=====

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

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government
employee at this job?

YES	1
NO	2
REF	-7
DK	-8

PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.

| DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY |
EMPLOYED). OTHERWISE, DISPLAY '(Were/Was)'.

BOX_07

=====

IF ESTABLISHMENT THAT PROVIDES INSURANCE IS
FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS **NOT** 'CURRENT MAIN',
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE
PERIOD', 'RETIREMENT JOB', OR UNION

OR

'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',
'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE
REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT
RETIRED FROM'

OR

'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE
'8'; HX23-CODE '9')

OR

'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT
CODED '1' (CURRENTLY EMPLOYED)

OR

'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')

OR

'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')

OR

'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-
CODE '91'),

CONTINUE WITH HP14

OTHERWISE, GO TO HP15

NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME
OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING
SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.
THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY
SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT
NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.

HP14
=====

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

Some employer insurance can be continued after leaving the
company by continuing to pay the premium. This is sometimes
referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)'s (ESTABLISHMENT) insurance like that
{on (END DATE)}?

YES	1
NO	2
REF	-7
DK	-8

PRESS F1 FOR DEFINITION OF COBRA.

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.
| OTHERWISE, USE NULL DISPLAY.
|

HP15
=====

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

Was anyone {living here} covered as a dependent under
(POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
at any time {since (START DATE)/between (START DATE) and
(END DATE)}?

YES 1
NO 2 {HP17}
REF -7 {HP17}
DK -8 {HP17}

PRESS F1 FOR DEFINITION OF DEPENDENT.

| DISPLAY 'living here' IF LOOPING ON CODE '12'
| (OUTSIDE RU) AT HX23.
|
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.
| DISPLAY 'between (START DATE) and (END DATE)' IF
| ROUND 5.
|
|-----

HP16
=====

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

Who is that?

PROBE: Was anyone else covered as a dependent {since
(START DATE)/between (START DATE) and (END DATE)}?

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

- [1. First Name,[Middle Name],Last Name-35]
- [2. First Name,[Middle Name],Last Name-35]
- [3. First Name,[Middle Name],Last Name-35]

[Code All That Apply]

| 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, EXCLUDING THE NAME OF |
| THE POLICYHOLDER (I.E., PERSON IN THIS |
| ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR |
THIS INSURANCE.

| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON |
THIS ROSTER.

| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
AS 'COVERING PERSON NOT LISTED IN RU'.

GO TO BOX_08

HP17
=====

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

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

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

| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
LISTED IN RU' IN HP16.

BOX_08
=====

| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A |
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
'COVERING PERSON NOT IN RU', GO TO END_LP02

OTHERWISE, CONTINUE WITH LOOP_03

LOOP_03
=====

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

| LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD |
| COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |
| THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE |
| SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER |
| WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS |
INSURANCE.

BOX_09
=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION. |
| AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) |
SECTION, CONTINUE WITH END_LP03

END_LP03
=====

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION.

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02
=====

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

| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
LOOP_02 AND CONTINUE WITH BOX_10

BOX_10
=====

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO |
TO END_LP01

OTHERWISE, CONTINUE WITH HP18

HP18
=====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there
another health insurance plan that anyone in the family obtains
from (a/an) (INSURANCE SOURCE)?

YES 1
NO 2
REF -7
DK -8

END_LP01

=====

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
ESTABLISHMENT NAME.

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND |
CONTINUE WITH BOX_11

BOX_11

=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.