Old Public Related Insurance (PR) Section

---

| NOTE: FOR ROUND 5, THE END DATE (PERSON LEVEL FOR|  
| THE MEDICARE QUESTIONS AND RU LEVEL FOR THE |  
| REMAINING QUESTIONS) WAS ADDED TO THE CONTEXT |  
| HEADER FOR ALL QUESTIONS IN THIS SECTION. |
---

**BOX_01**

---

| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET |  
| BOTH OF THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON WAS COVERED BY MEDICARE DURING THE |  
| PREVIOUS ROUND, |  
| CONTINUE WITH LOOP_01 |
---

---

| OTHERWISE, GO TO BOX_02 |
---

**LOOP_01**

---

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK PR01A - END_LP01 |
---

---

| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION |  
| ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE. |  
| THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS |  
| THAT MEET BOTH OF THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING|  
| THE PREVIOUS ROUND |
---

27-275
During the last interview, it was recorded that (PERSON) (were/was) enrolled in Medicare. We would like to update information about (PERSON)’s Medicare coverage.

{Since (START DATE)/Between (START DATE) and (END DATE)}, {(have/has)/(were/was)} (PERSON) {been} covered by the new Medicare prescribed drug coverage (also called Part D)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS ARE ALASKA, ARKANSAS, DELAWARE, MAINE, MISSISSIPPI, MONTANA, VERMONT AND WYOMING.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PR02 AND PR03 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO END_LP01.

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

PR02

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

SHOW CARD PR-1.

As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in managed care plans such as HMOs (health maintenance organizations) or PPOs (preferred provider organizations) to receive their Medicare funded health care. These plans have names like those listed on this card.

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

YES .................................... 1
NO ..................................... 2 {PR03}
REF .................................... -7 {PR03}
DK .................................... -8 {PR03}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

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

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........  {END_LP01}

----------------------------------------------------
<p>| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN       |
| SELECTED: [DISPLAY PLAN NAME SELECTED].’ WHEN    |
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE,  |
| THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. |
|                                                  |
| FOR 'DISPLAY PLAN NAME SELECTED' DISPLAY THE     |
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER   |</p>
<table>
<thead>
<tr>
<th>ENTERED FOR THIS STATE.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S MEDICARE |</p>
<table>
<thead>
<tr>
<th>INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.</th>
</tr>
</thead>
</table>
Even though (PERSON)’s Medicare plan was not listed on the card, {(are/is) (PERSON) currently/between (START DATE) and (END DATE) (were/was) (PERSON)} enrolled in a Medicare managed care plan such as an HMO (health maintenance organization) or PPO (preferred provider organization)? (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

YES .................................... 1 {PR04}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

---

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

PR03A
====

OMITTED.
What is the name of the (PERSON)’s Medicare managed care plan?

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

---

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

---

OMITTED.

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

OTHERWISE, GO TO BOX_05

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

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

YES, ALL ..............................  1
NO, ONLY SOME ...........................  2
NO, NONE ...............................  3
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}
DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

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

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

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.' THEN GO TO BOX_03

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

IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07, GO TO PR09

IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07, GO TO BOX_05

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR08
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
| FLAG ALL PERSONS SELECTED AS ‘COVERED BY MEDICAID DURING CURRENT ROUND.’ FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’ |

BOX_03

----------------------------------------------------
| IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP_02 |

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

27-284
Besides the family members we’ve just talked about, have any additional family members been covered by Medicaid/(STATE NAME FOR MEDICAID) or (STATE CHIP NAME) (since (START DATE)/between (START DATE) and (END DATE))? 

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

PRESS F1 FOR DEFINITION OF MEDICAID.
IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND NO RU MEMBERS ARE FLAGGED AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND,' GO TO BOX_05.

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

PR10

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
DISPLAY 'since (START DATE)' IF NOT ROUND 5.  
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

---

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

---

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

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LOOP_02

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

---

LOOP DEFINITION: LOOP_02 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:  
- ESTABLISHMENT IS MEDICAID/SCHIP AND  
- PERSON IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND

---

27-287
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02 |

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-Person-Pairs-Roster THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH PR11 |

27-288
PR11
====

{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PREV RD’S MEDICAID INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?

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

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

YES .................................... 1
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

PRESS F1 FOR A DEFINITION OF MEDICAID.
DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. 
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

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

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

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

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

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

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12
SHOW CARD PR-2.

Some people on 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 or {STATE NAME FOR MEDICAID} {, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {PR13}
REF ................................... -7 {PR13}
DK .................................... -8 {PR13}
Which plan is the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME}?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........ {BOX_05}

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

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

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

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR MEDICAID/SCHIP.’
Under Medicaid/STATE NAME FOR MEDICAID} or STATE CHIP NAME (are/is)/(were/was) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization (between START DATE and END DATE)?

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

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

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

YES, ALL ARE ........................... 1 {PR15}
YES, SOME ARE .......................... 2 {PR15}
NO, NONE ARE ........................... 3
REF ........................... -7
DK ............................ -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

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

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
DISPLAY ‘(are/is)’ IF NOT ROUND 5. DISPLAY ‘(were/was)’ IF ROUND 5.

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

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

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

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

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

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

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

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

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

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

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

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/SCHIP.
What is the name of the \{(Medicaid/\{STATE NAME FOR MEDICAID\}) or \{STATE CHIP NAME\} \{HMO/health insurance\}\}?

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

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

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

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

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| MEDICAID/SCHIP INSURER'. |
PR16
====
OMITTED.

PR17
====
OMITTED.

BOX_04A
======
OMITTED.

PR18
====
OMITTED.

BOX_05
======

<table>
<thead>
<tr>
<th>IF ANY RU MEMBER HAD TRICARE/CHAMPVA AS A SOURCE OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH PR19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_08</th>
</tr>
</thead>
</table>

27-298
During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by TRICARE or CHAMPVA.

Have all of these people been covered by TRICARE or CHAMPVA at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

YES, ALL ..................................  1
NO, ONLY SOME .............................  2
NO, NONE ...................................  3
REF ................................... -7 (BOX_08)
DK .................................... -8 (BOX_08)

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.
PR19A

{STR-DT}

Which plan is it? Is it...

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

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

[Code All That Apply]
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

-------------------------------------------------------------------------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. | DISPLAY 'between (START DATE) and (END DATE)' IF | ROUND 5. |-------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS | ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO | WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING | THE PREVIOUS ROUND. |-------------------------------------------------------------------------------------------------------------------
-------------------------------------------------------------------------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/ | CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS | NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA ' | DURING CURRENT ROUND. |-------------------------------------------------------------------------------------------------------------------
Besides the family members we’ve just talked about, have any additional family members been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08 |

| OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR21A |

---

PR21A

{

Which plan is it? Is it...

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

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

[Code All That Apply]
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_03
=======

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

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

BOX_07
======

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

END_LP03
=======

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH BOX_08 |
---
IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

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

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

YES, ALL ................................ 1
NO, ONLY SOME ......................... 2
NO, NONE ................................ 3
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. THEN GO TO BOX_09

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

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

IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, GO TO BOX_11

IF CODED '2' (NO, NONE), CONTINUE WITH PR24
Who has been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
<table>
<thead>
<tr>
<th>IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/ PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PR25</td>
</tr>
</tbody>
</table>

---
Besides the family members we’ve just talked about, have any additional family members been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND, GO TO LOOP_04

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND, GO TO BOX_11

OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR26
Who has been covered by this program?

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

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

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

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

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

---
FLAG ALL PERSONS SELECTED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND.
LOOP_04
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_10 - END_LP04 |

LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN AND
- PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

BOX_10
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP04 |

END_LP04
========

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH PR27 |
PR27
====

{STR-DT}
{END-DT}

{PLAN NAME:  {NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through the program sponsored by a state or local government agency which provides hospital and physician benefits?

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

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

YES .................................... 1
NO ..................................... 2 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

--------------------------------------------
<p>| DISPLAY ‘PLAN NAME:  {NAME OF PREV RD’S GOVT-  |
| HOSPITAL/PHYSICIAN INSURER FOR RU’ AND ‘LAST  |
| TIME .... (PLAN NAME).’ IF THERE IS AN INSURER |
| ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE |
| PREVIOUS ROUND.                                |
|                                             |
| FOR ‘NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN|
| INSURER FOR RU’, DISPLAY THE NAME OF THE ACTUAL|
| INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT|</p>
<table>
<thead>
<tr>
<th>ANY TIME DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

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

27-313
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.

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

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

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

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28.
SHOW CARD PR-2.

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

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

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

Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

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

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

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

27-315
Under the program sponsored by a state or local government agency which provides hospital and physician benefits {(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

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

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

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

YES, ALL ARE ........................... 1 {PR31}
YES, SOME ARE .......................... 2 {PR31}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.
PR30
====

{STR-DT}
{END-DT}

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

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

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

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

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

[Code One]

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

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

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

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

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

27-317
What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

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

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

---------------------------------------------
| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S |
| INSURER FOR GOVT-HOSPITAL/PHYSICIAN.’ |
---------------------------------------------
For the coverage through {(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits}, does anyone in the family pay anything for this coverage?

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

YES .................................... 1
NO ..................................... 2 {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

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

[Enter Amount in Dollars] .............
REF ................................... -7 {PR34}
DK .................................... -8 {PR34}
**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>

**ENTER OTHER:**

[Enter Other Specify] ....

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

**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/PYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED. |
| DISPLAY 'else' IF PR32 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'some of' IF PR32 IS CODED '1' (YES). |
| DISPLAY 'for' IF PR32 IS CODED '2' (NO). |

---
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR34OV |

---
| OTHERWISE, GO TO BOX_11 |
PR340V

ENTER OTHER:

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

BOX_11

----------------------------------------------------
| IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) |
| AS A SOURCE OF INSURANCE AT ANY TIME DURING |
| PREVIOUS ROUND, CONTINUE WITH BOX_12 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_18 |
----------------------------------------------------

BOX_12

----------------------------------------------------
| IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER |
| PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS |
| ROUND, CONTINUE WITH PR35 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_15 |
----------------------------------------------------

----------------------------------------------------
| NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC |
| PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM |
| THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW |
| CARD AND ASK IF THE FAMILY STILL HAD COVERAGE |
| FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH |
| ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED |
| TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC |
| SERIES IN HX. |
----------------------------------------------------
During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the following programs:

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

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

YES, ALL ..............................  1
NO, ONLY SOME ..............................  2
NO, NONE ..............................  3
REF .............................. -7 {BOX_15}
DK .............................. -8 {BOX_15}

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.

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

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

DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME FOR PROGRAM #N'.
IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO TO BOX_13

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

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

IF CODED '3' (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, GO TO BOX_15

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36
Who has been covered by any of these programs \{since (START DATE)/between (START DATE) and (END DATE)}? 

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

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

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

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

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

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

27-326
IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR35), GO TO LOOP_05

OTHERWISE, CONTINUE WITH PR37
Besides the family members we’ve just talked about, have any additional family members been covered by any of the following programs (since (START DATE)/between (START DATE) and (END DATE))? (READ PROGRAM NAMES BELOW.)

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

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

PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |

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

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_05 |

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_15 |
Otherwise (i.e., if coded ‘1’ (Yes)), continue with PR38

---

{STR-DT}
{END-DT}

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

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

To turn check mark on/off, use arrow keys, press enter. To leave, press ESC.

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

---

Display ‘since (START DATE)’ if not Round 5.
Display ‘between (START DATE) and (END DATE)’ if Round 5.

---

Roster definition: this item displays all persons on the RU-Members-Roster who meet the following condition:
- Person was not flagged as covered by Group 1 other public insurance at any time during the previous round.

---

Flag all persons selected as ‘covered by Group 1 other public insurance’ during current round.
Flag all persons not selected as ‘not covered by Group 1 other public insurance during current round.’
LOOP_05
========

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 - END_LP05 |
-----------------------------------------------------------------------------------------------

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

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

BOX_14
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05 |
-----------------------------------------------------------------------------------------------

END_LP05
========

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

<p>| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END_LOOP_05 AND CONTINUE WITH BOX_15 |</p>
<table>
<thead>
<tr>
<th>IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2</th>
<th>OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_18</th>
</tr>
</thead>
</table>

PR39

{STR-DT} {END-DT}

SHOW CARD PR-3.

During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the public programs listed on this card.

Have all of these people been covered by any of these programs at any time (since (START DATE)/between (START DATE) and (END DATE))? TO SCROLL, USE ARROW KEYS. TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

YES, ALL ...................................... 1
NO, ONLY SOME .............................. 2
NO, NONE ................................... 3
REF ........................................... -7 {BOX_18}
DK ........................................... -8 {BOX_18}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

----------------------------------------------------
<p>| DISPLAY 'since (START DATE)' IF NOT ROUND 5.        |
| DISPLAY 'between (START DATE) and (END DATE)' IF    |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

27-331
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. THEN GO TO BOX_16

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.

IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39, GO TO PR41

IF CODED '3' (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, GO TO BOX_18

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40
SHOW CARD PR-3.

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

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

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

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

PRESS P1 FOR DEFINITION OF ITEMS ON SHOW CARD.

------------------------------------------------------------------------
<p>| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS</td>
</tr>
<tr>
<td>ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO</td>
</tr>
<tr>
<td>WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT</td>
</tr>
<tr>
<td>ANY TIME DURING THE PREVIOUS ROUND.</td>
</tr>
</tbody>
</table>
------------------------------------------------------------------------

------------------------------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 |
| OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
| GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT |
| ROUND.                                         |
------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PR41</td>
</tr>
</tbody>
</table>

27-334
SHOW CARD PR-3.

Besides the family members we’ve just talked about, have any additional family members been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))?  

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

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

------------------------------------------------------------------  
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_06 |  
------------------------------------------------------------------  

------------------------------------------------------------------  
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_18 |  
------------------------------------------------------------------  

------------------------------------------------------------------  
| OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR42 |  
------------------------------------------------------------------
SHOW CARD PR-3.

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

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

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

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

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

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION: |
| - PERSON WAS NOT MARKED AS BEING COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND |
---

---
| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.' |
---
LOOP_06

------------
<p>| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-|</p>
<table>
<thead>
<tr>
<th>PAIRS-ROSTER, ASK BOX_17 - END_LP06</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 |
| OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON   |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE|
| FOLLOWING CONDITIONS:                         |
| - ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE |
| AND                                           |
| - PERSON IS COVERED BY GROUP 2 OTHER PUBLIC |
| INSURANCE DURING THE CURRENT ROUND            |

BOX_17

-------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
| FOR THIS PAIR.                                   |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
| END_LP06                                        |

END_LP06

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_06 AND CONTINUE WITH BOX_18                 |

27-337
<table>
<thead>
<tr>
<th>RETURN TO THE HEALTH INSURANCE (HX) SECTION.</th>
</tr>
</thead>
</table>