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. |

27-127
MEPS FAMES Panel 10 Round 5 Private Health Insurance Detail (HP) Section
November 20, 2006

BOX_01
======
----------------------------------------------------
| 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                 |
----------------------------------------------------

----------------------------------------------------
| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON   |
| AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM |
| A SCHOOL)), GO TO HP03                            |
----------------------------------------------------

----------------------------------------------------
| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
| AT HX23, CONTINUE WITH HP01                       |
----------------------------------------------------

HP01
====

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]
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

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

FOR EACH OF THE FOLLOWING:

| ESTABLISHMENT 1 |
| ESTABLISHMENT 2 |
| ESTABLISHMENT 3 |
| ESTABLISHMENT 4 |

ASK BOX_01A-END_LP01

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.

BOX_01A

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

OTHERWISE, CONTINUE WITH HP04
HP04

(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.

<table>
<thead>
<tr>
<th>Roster. Establishment</th>
<th>Hp04_02. Street</th>
<th>Hp04_03. City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment</td>
<td>[Enter truncated Street Address]</td>
<td>[Enter truncated City]</td>
</tr>
<tr>
<td>2. Establishment</td>
<td>[Enter truncated Street Address]</td>
<td>[Enter truncated City]</td>
</tr>
<tr>
<td>3. Establishment</td>
<td>[Enter truncated Street Address]</td>
<td>[Enter truncated City]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| 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.
HP04A

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

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

27-133
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.          |

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

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

27-135
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).

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
(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.
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'.
IF LOOPING ON AN HX23 CATEGORY, GO TO HP11

OTHERWISE, CONTINUE WITH 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|
(ENDER DATE), was' IF ROUND 5.

NOTE: PERSON REFERS TO JOBHOLDER.

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

27-139
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]
MEPS FAMES Panel 10 Round 5 Private Health Insurance Detail (HP) Section
November 20, 2006

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 ---

27-141
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
[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.                      |
----------------------------------------------------

27-143
BOX_04
=======

<table>
<thead>
<tr>
<th>IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS ‘PROVIDES HEALTH INSURANCE’, GO TO BOX_07</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_05</td>
</tr>
</tbody>
</table>

BOX_05
=======

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_07</td>
</tr>
</tbody>
</table>

BOX_06
=======

<table>
<thead>
<tr>
<th>IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI AND GO TO HP13</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO BOX_07</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH HP12</td>
</tr>
</tbody>
</table>

27-144
{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'. |
---------------------------------------------------------------------

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.
IF ESTABLISHMENT THAT PROVIDES INSURANCE IS
FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',
'CURRENT MISCELLENOUS JOB WITHIN REFERENCE
PERIOD', 'RETIREDMENT JOB', OR UNION
OR
'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',
'FORMER MISCELLENOUS' 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.
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.
HP15
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF
ESTABLISHMENT.........}  {STR-DT}
(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.                                          |
----------------------------------------------------
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]
MEPS FAMES Panel 10 Round 5 Private Health Insurance Detail (HP) Section
November 20, 2006

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

27-151
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 |

27-152
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                                       |
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----------------------------------------------------
| OTHERWISE, CONTINUE WITH HP18                     |
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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                             |
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BOX_11
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| RETURN TO THE HEALTH INSURANCE (HX) SECTION.    |
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