Old Public Related Insurance (PR) Section

---

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

---

BOX_00

-----

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY {PERS.FULLNAME}, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY.

---

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

---
MEPS P16R5/P17R3/P18R1 Old Public Related Insurance (PR) Section
November 19, 2012

LOOP_01

=================================================================
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK NAV_PR01 - 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 |
=================================================================

=================================================================
| NAVIGATOR DETAILS: LOOP_01 USES NAV_PR01 TO CONTROL THE FLOW OF THE LOOP. |
=================================================================

NAV_PR01

{STR-DT}
SERIES: Review of Medicare Managed Care Plan Coverage from a Previous Round

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES. WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES. IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

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

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

ROSTER DEFINITION:

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

ROSTER BEHAVIOR:

1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:

- DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
  - ESTABLISHMENT IS MEDICARE
  - PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING THE PREVIOUS ROUND

CONTINUE WITH BOX_01B FOR SELECTED RU MEMBER.

BOX_01A
=======
OMITTED.

PR01
====
OMITTED.
NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS INCLUDE THE FOLLOWING:
ALASKA

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PRO2 AND PRO3 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR06B

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PRO2

(PR02)

(Person’s first middle and last name) (STR-DT)
(STR-DT)

SHOW CARD HX-5.

During the last interview, it was recorded that {you/{PERSON}} (were/was) enrolled in Medicare. We would like to update information about {your/his/her} Medicare coverage.

Is the name of {your/{PERSON}’s} insurance plan through Medicare{, as of {END DATE},} listed on this card?

YES ..................................... 1 {PR02OV}
NO ..................................... 2 {PR03}
REF ..................................... -7 {PR03}
DK ..................................... -8 {PR03}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.
Which insurance plan {is/was} {your/his/her} Medicare managed care plan {as of {END DATE}}?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ...........  {PR05}

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.

In the message for 'display plan name selected' display the actual plan name that corresponds to the letter entered for that state.

Flag insurer coded above as 'current rd's medicare insurer' for this establishment-person-pair.
PR03
====

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

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

YES .................................... 1 {PR04}
NO ..................................... 2 {PR06B}
REF ................................... -7 {PR06B}
DK .................................... -8 {PR06B}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

PR03A
====

OMITTED.

PR04
====

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

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

[Enter Plan Name] .....................    {PR05}
REF ....................................... -7 {PR05}
DK ....................................... -8 {PR05}
DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5.

DISPLAY 'as of {END DATE}' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

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

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

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

PR05
====

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

{{Do/Does}/Did} {you/{PERSON}} have prescribed medicine coverage through {{{PLAN NAME ENTERED AT PR02OV-50}/{NAME OF PLAN FROM PR04}}/{your/his/her} Medicare managed care plan} {as of {END DATE}}?

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

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

DISPLAY '{{Do/Does}}' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5.

DISPLAY '{{PLAN NAME ENTERED AT PR02OV-50}/{NAME OF PLAN FROM PR04}}' IF A PLAN NAME WAS CODED AT PR02OV OR PR04. DISPLAY {your/his/her} Medicare managed care plan’ IF PR04 IS CODED ‘-7’ (REF) OR ‘-8’ (DK).

DISPLAY ‘{PLAN NAME ENTERED AT PR02OV-50}’ IF A PLAN LETTER WAS ENTERED AT PR04OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR02OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR ‘NAME OF PLAN FROM PR04’ IF A PLAN NAME WAS ENTERED.

DISPLAY ’as of {END DATE}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
**PR06**

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

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, {do/does} {you/{PERSON}} (or anyone in the family) pay anything else for {the coverage with {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}}/this Medicare managed care plan}?

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

| YES .................................... 1 {PR06A} |
| NO ..................................... 2 {END_LP01} |
| REF ................................... -7 {END_LP01} |
| DK .................................... -8 {END_LP01} |

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

How {do/does} {you/{PERSON}} pay for {your/his/her} {{PLAN NAME ENTERED AT PR020V}/{NAME OF PLAN FROM PR04}}/Medicare managed care} premium?

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

DEDUCTED FROM SOCIAL SECURITY ........... 1 {PR06AA}
PAY DIRECTLY ......................................... 2 {PR06AA}
BOTH .............................................. 3 {PR06AA}
REF ............................................. -7 {END_LP01}
DK ............................................. -8 {END_LP01}

---

| DISPLAY '{{PLAN NAME ENTERED AT PR020V}/{NAME OF PLAN FROM PR04}} IF A MEDICARE PLAN NAME WAS SELECTED AT PR020V OR ENTERED AT PR04. DISPLAY 'Medicare managed care' IF PR04 WAS CODED '-7' (REF) OR '-8' (DK). |

| DISPLAY '{PLAN NAME ENTERED AT PR020V}' IF A PLAN LETTER WAS ENTERED AT PR020V. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR020V FOR THIS STATE. |

| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS ENTERED. |

---
How much is your Social Security deduction pay in premiums for your {{PLAN NAME ENTERED AT PR02OV}/(NAME OF PLAN FROM PR04)} plan?

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

[Enter Amount in Dollars] ..............   {PR06AAOV1}
REF ................................... -7 {PR06AAA}
DK .................................... -8 {PR06AAA}
Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR ........................................... 1 {END_LP01}
QUARTERLY/EVERY 3 MONTHS ............... 2 {END_LP01}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {END_LP01}
PER MONTH ......................................... 4 {END_LP01}
PER WEEK ........................................... 5 {END_LP01}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {END_LP01}
SEMI-ANNUALLY/2 TIMES PER YEAR ......... 7 {END_LP01}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {END_LP01}
OTHER ........................................... 91 {PR06AAOV2}
REF ........................................... -7 {END_LP01}
DK ........................................... -8 {END_LP01}

[Code One]

SPECIFY:

[Enter Other Specify] ...................... {END_LP01}
REF ........................................... -7 {END_LP01}
DK ........................................... -8 {END_LP01}
PR06AAA
========

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

{PLAN NAME: {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}}}

SHOW CARD HX-6.

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

1 - 50 ................................. 1 {END_LP01}
51 - 100 ............................... 2 {END_LP01}
101 - 200 .............................. 3 {END_LP01}
201 - 300 .............................. 4 {END_LP01}
301 OR MORE ............................ 5 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

----------------------------------------------------
DISPLAY ‘PLAN NAME: {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}}’ IF A MEDICARE PLAN NAME WAS SELECTED AT PR02OV OR ENTERED AT PR04. OTHERWISE (I.E., IF PR04 WAS CODED ‘-7’ (REF) OR ‘-8’ (DK)), USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED AT PR02OV}’ IF A PLAN LETTER WAS ENTERED AT PR02OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR02OV FOR THIS STATE.
DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR ‘NAME OF PLAN FROM PR04’ IF A PLAN NAME WAS ENTERED.
PR06B
=====

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

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

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

HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

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

------------------------------------------------------------------
| IF CODED '1' (YES) AND ROUND 3, CONTINUE WITH |
| PR06C                                          |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, GO TO END_LP01                            |
------------------------------------------------------------------
Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, {do/does} {you/{PERSON}} (or anyone in the family) pay anything else for {your/his/her} Medicare Prescription Drug Plan (also known as Part D)?

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

YES .................................... 1 {PR06D}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]
HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

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

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

DEDUCTED FROM SOCIAL SECURITY .......... 1 {PR06E}
PAY DIRECTLY .................................. 2 {PR06E}
BOTH ....................................... 3 {PR06E}
REF .......................................... -7 {END_LP01}
DK ........................................... -8 {END_LP01}
How much is your/your\’s Social Security deduction/do/does you/your\’s pay in premiums for your/his/her Part D plan?

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

[Enter Amount in Dollars] .............  {PR06EOV1}
REF .................................. -7 {PR06F}
DK .................................. -8 {PR06F}

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

UNIT OF COVERAGE:

PER YEAR ................................. 1 {END_LP01}
QUARTERLY/EVERY 3 MONTHS .......... 2 {END_LP01}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {END_LP01}
PER MONTH .............................. 4 {END_LP01}
PER WEEK ............................... 5 {END_LP01}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {END_LP01}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {END_LP01}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {END_LP01}
OTHER .................................. 91 {PR06EOV2}
REF .................................. -7 {END_LP01}
DK .................................. -8 {END_LP01}
SPECIFY:

[Enter Other Specify] .................  {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

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

SHOW CARD HX-7.

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

1 - 30 .................................. 1 {END_LP01}
31 - 60 ................................ 2 {END_LP01}
61 - 90 ................................ 3 {END_LP01}
91 - 120 ................................ 4 {END_LP01}
121 OR MORE ............................ 5 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

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

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,       |  |
| END LOOP_01 AND CONTINUE WITH BOX_02              |  |
----------------------------------------------------

16
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})?

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 BOX_03
NO, ONLY SOME ..................... 2 PR08
NO, NONE .......................... 3
REF ................................ 7 BOX_05
DK .................................. 8 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 to display, see attachment 37.
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE ATTACHMENT 37.

DISPLAY ‘since {START DATE}’ IF NOT ROUND 5. DISPLAY ‘between {START DATE} and {END DATE}’ IF ROUND 5.

IF CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS ‘COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’

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

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
PR08
====

{STR-DT}
{END-DT}

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

PROBE: Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, 
SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.   
FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE 
ATTACHMENT 37.

DISPLAY ‘since {START DATE}’ IF NOT ROUND 5. 
DISPLAY ‘between {START DATE} and {END DATE}’ IF 
ROUND 5.

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.’

GO TO BOX_03

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  
AND LAST NAMES (PERS.FULLNAME)

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

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

ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED 
   BY MEDICAID/SCHIP AT ANY TIME DURING THE 
   PREVIOUS ROUND.
BOX_03
======

----------------------------------------------------
| IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS  |
| COVERED OR NOT COVERED BY MEDICAID/SCHIP DURING   |
| CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE  |
| LISTED AT PR07), GO TO LOOP_02                    |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH PR09                     |
----------------------------------------------------

PR09
====

{STR-DT}
{END-DT}

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 {PR10}
NO .................................... 2
REF ................................... -7
DK .................................... -8

HELP AVAILABLE FOR DEFINITION OF MEDICAID/SCHIP.

-----------------------------------------------------
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE 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 TO DISPLAY BY STATE, SEE ATTACHMENT 37. |
-----------------------------------------------------

-----------------------------------------------------
| DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS,|
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.    |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE  |
| ATTACHMENT 37.                                   |
-----------------------------------------------------
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since {START DATE}/between {START DATE} and {END DATE}}?

PROBE: Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE ATTACHMENT 37.

DISPLAY ‘since {START DATE}’ IF NOT ROUND 5. DISPLAY ‘between {START DATE} and {END DATE}’ IF ROUND 5.

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.

GO TO LOOP_02

ROSTER DETAILS:
Title: RU_MEMBERS_1

COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)

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

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

ROSTER FILTER:
1. RU MEMBERS NOT FLAGGED AS COVERED BY MEDICAID/SCHIP AT ANY TIME DURING THE PREVIOUS ROUND.
LOOP_02
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK NAV_PR02 - 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 |
-----------------------------------------------------

-----------------------------------------------------
| NAVIGATOR DETAILS: LOOP_02 USES NAV_PR02 TO TO CONTROL THE FLOW OF THE LOOP. |
-----------------------------------------------------

NAV_PR02
=======

MEDICAID/SCHIP
{STR-DT}

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

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

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

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

RU Member

[1. Coverage duration for [Person’s Name-65] through MEDICAID/SCHIP] [Status-25]
[2. Coverage duration for [Person’s Name-65] through MEDICAID/SCHIP] [Status-25]
[3. Coverage duration for [Person’s Name-65] through MEDICAID/SCHIP] [Status-25]
ROSTER DETAILS:
COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
COL # 2 HEADER: EMPTY
INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED

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

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

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID
AND
- PERSON IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND

CONTINUE WITH BOX_04 FOR SELECTED RU MEMBER

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

PR11
====

{STR-DT}
{END-DT}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by \{NAME OF PREV RD’S MEDICAID/SCHIP INSURER FOR RU\}.}

{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\}?}

[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_04A}
REF ................................. -7 {BOX_04A}
DK ................................. -8 {BOX_04A}

HELP AVAILABLE FOR A DEFINITION OF MEDICAID/SCHIP.

----------------------------------------------------
| DISPLAY 'Last time... (NAME OF PREV RD’S MEDICAID/SCHIP INSURER FOR RU).’ IF THERE IS AN INSURER ASSOCIATED WITH MEDICAID/SCHIP IN THE PREVIOUS ROUND. |
| FOR 'NAME OF PREV RD’S MEDICAID/SCHIP INSURER FOR RU’, DISPLAY THE INSURER RECORDED FOR MEDICAID/SCHIP DURING THE PREVIOUS ROUND. |
----------------------------------------------------
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 TO DISPLAY BY STATE, SEE ATTACHMENT 37.

DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE ATTACHMENT 37.

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, AND WYOMING

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

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICAID/SCHIP MANAGED CARE PLAN, CONTINUE WITH PR12
PR12
====

{STR-DT}
{END-DT}

SHOW CARD HX-8.

Is the name of the health insurance through Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME} {, between {START DATE} and {END DATE},} listed on this card?

YES .................................... 1 {PR12OV}
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_04A}
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.” WHEN INTERVIEWER CLEARS THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

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

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR MEDICAID/SCHIP.’

PR13
====

{STR-DT}
{END-DT}

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {(are/is)/(were/was)} (READ NAME(S) BELOW) enrolled in an HMO, that is a Health Maintenance Organization {between {START DATE} and {END DATE}}?

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

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

YES, ALL ARE ............................. 1 {PR15} YES, SOME ARE ............................ 2 {PR15} NO, NONE ARE ............................. 3 {PR14} REF ................................. -7 {PR14} DK ................................. -8 {PR14}

[Code One]

HELP AVAILABLE 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 TO DISPLAY BY STATE, SEE ATTACHMENT 37.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE ATTACHMENT 37.

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 DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.
PR14
====

{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.

[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 {PR15}
YES, SOME REQUIRED ...................... 2 {PR15}
NO, NONE REQUIRED ....................... 3 {BOX_04A}
REF ................................... -7 {BOX_04A}
DK .................................... -8 {BOX_04A}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

------------------------------------------------------------------
| 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 TO DISPLAY |
| BY STATE, SEE ATTACHMENT 37. |
------------------------------------------------------------------

------------------------------------------------------------------
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE |
| ATTACHMENT 37. |
------------------------------------------------------------------
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 MEDICAID/SCHIP.

----------------------------------------------------
ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

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

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

----------------------------------------------------
ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

----------------------------------------------------
ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.
What is the name of the Medicaid/STATE NAME FOR MEDICAID/STATE CHIP NAME HMO/health insurance? 

[Enter Plan Name] ..................... {BOX_04A}
REF ................................... -7 {BOX_04A}
DK .................................... -8 {BOX_04A}

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 TO DISPLAY BY STATE, SEE ATTACHMENT 37.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE ATTACHMENT 37.

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'.

34
Does anyone in the family pay anything for the coverage through \{[[PLAN NAME ENTERED AT PR12OV]]/[[NAME OF PLAN FROM PR15]]/[[Medicaid/STATE NAME FOR MEDICAID]] or [STATE CHIP NAME]? \[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.\]

\begin{itemize}
\item YES .................................... 1 \{PR17\}
\item NO ..................................... 2 \{PR18\}
\item REF ................................... -7 \{BOX_05\}
\item DK .................................... -8 \{BOX_05\}
\end{itemize}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
DISPLAY '{(PLAN NAME ENTERED AT PR12OV)/{NAME OF PLAN FROM PR15}}' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}'

DISPLAY '{(PLAN NAME ENTERED AT PR12OV)}' IF A PLAN WAS ENTERED AT PR12OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR12OV FOR THIS STATE.

DISPLAY '{(NAME OF PLAN FROM PR15)}' IF A PLAN NAME WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

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 TO DISPLAY BY STATE, SEE ATTACHMENT 37.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE ATTACHMENT 37.
How much does anyone in the family pay for (the {{PLAN NAME ENTERED AT PR12OV}/ (NAME OF PLAN FROM PR15)}/ that) coverage?

[Enter Amount in Dollars] .............. {PR17OV1}
REF ................................... -7 {PR18}
DK .................................... -8 {PR18}

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

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {PR18}
QUARTERLY/EVERY 3 MONTHS .......... 2 {PR18}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {PR18}
PER MONTH ............................ 4 {PR18}
PER WEEK ............................. 5 {PR18}
BIWEEKLY/EVERY 2 WEEKS ............ 6 {PR18}
SEMI-ANNUALLY/2 TIMES PER YEAR .. 7 {PR18}
SEMI-MONTHLY/2 TIMES PER MONTH .. 8 {PR18}
OTHER .................................. 91 {PR17OV2}
REF ................................... -7 {PR18}
DK .................................... -8 {PR18}

[Code One]
PR17OV2
=======

SPECIFY:

[Enter Other Specify] ..................   {PR18}
REF ................................... -7 {PR18}
DK .................................... -8 {PR18}

PR18
====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR12OV}/[NAME OF PLAN FROM PR15]}}

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

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT .................  1
STATE GOVERNMENT ...................  2
LOCAL GOVERNMENT ...................  3
SOME GOVERNMENT ....................  4
OTHER .................................. 91 {PR18OV}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code All That Apply]
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '(PLAN NAME ENTERED AT PR12OV)' IF A PLAN WAS ENTERED AT PR12OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR12OV FOR THIS STATE.

DISPLAY '(NAME OF PLAN FROM PR15)' IF A PLAN NAME WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

DISPLAY 'else' IF PR16 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'some of' IF PR16 IS CODED '1' (YES). DISPLAY 'for' IF PR16 IS CODED '2' (NO).

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

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR18OV

OTHERWISE, GO TO BOX_05

PR18OV

SPECIFY:

[Enter Other Specify] ................. {BOX_05}
REF ...................................... -7 {BOX_05}
DK ..................................... -8 {BOX_05}
BOX_05
=====

----------------------------------------------------
| IF ANY RU MEMBER HAD TRICARE/CHAMPVA AS A SOURCE |
| OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH |
| PR19                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_08                           |
----------------------------------------------------
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}}?

[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 {PR19A}
NO, ONLY SOME ............................. 2 {PR19A}
NO, NONE .................................... 3
REF ....................................... -7 {BOX_08}
DK ....................................... -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

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

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

| IF CODED '3' (NO, NONE) |
| AND |
| IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19, |
| GO TO PR21 |

| IF CODED '3' (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19, |
| GO TO BOX_08 |
ROSTER DETAILS:
TITLE: RU_ESTB_PERSPAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

Which plan is it? Is it...

INTERVIEWER: CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.
CHECK ALL THAT APPLY.

TRICARE Standard; ....................... 1
TRICARE Prime; .......................... 2
TRICARE Extra; ............................ 3
TRICARE for Life; or ..................... 4
CHAMPVA? ................................. 5
REF ..................................... -7
DK ....................................... -8

[Code All That Apply]
IF PR19 IS CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.' THEN GO TO BOX_06

IF PR19 IS CODED '2' (NO, ONLY SOME), CONTINUE WITH PR20

PR20
====

{STR-DT}
{END-DT}

Who has been covered by TRICARE or CHAMPVA {since {START DATE}/between {START DATE} and {END DATE}}?

PROBE: Anyone else?

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

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

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.

GO TO BOX_06
ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

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

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

BOX_06
=======

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR19), GO TO LOOP_03

OTHERWISE, CONTINUE WITH PR21
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 {PR21A}
NO .................................... 2
REF ..................................... 7
DK ....................................... 8

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.
Which plan is it? Is it...

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

CHECK ALL THAT APPLY.

TRICARE Standard; ...................... 1 {PR22}
TRICARE Prime; .......................... 2 {PR22}
TRICARE Extra; .......................... 3 {PR22}
TRICARE for Life; or .................... 4 {PR22}
CHAMPVA? ............................... 5 {PR22}
REF ................................... -7 {PR22}
DK .................................... -8 {PR22}

[Code All That Apply]

Who has been covered by TRICARE or CHAMPVA {since {START DATE}/between {START DATE} and {END DATE}}?

PROBE: Anyone else?

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

| DISPLAY ‘since {START DATE}’ IF ROUND IS NOT 5. |
| DISPLAY ‘between {START DATE} and {END DATE}’ IF |
| ROUND IS 5. |

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

| 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. |
GO TO LOOP_03

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

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

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

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_03
======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK NAV_PR03 - 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 AND
- PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT ROUND
| NAVIGATOR DETAILS: LOOP_03 USES NAV_PR03 TO TO CONTROL THE FLOW OF THE LOOP. |

---

NAV_PR03
========

TRICARE OR CHAMPVA  {STR-DT}

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

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

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

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

**RU Member**

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

---

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

---

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

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

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS TRICARE/CHAMPVA
AND
- PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT ROUND

CONTINUE WITH BOX_07 FOR SELECTED RU MEMBER.

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH 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_07A
IF ROUND 1 OR ROUND 3, CONTINUE WITH PR22A

| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO BOX_08 |

---

**PR22A**

---

{STR-DT}

{END-DT}

Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?

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

YES .................................... 1 {PR22B}
NO ........................................ 2 {BOX_08}
REF ...................................... -7 {BOX_08}
DK ........................................ -8 {BOX_08}

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

---

**PR22B**

---

{STR-DT}

{END-DT}

How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?

[Enter Amount in Dollars] .............. {PR22BOV1}
REF ...................................... -7 {BOX_08}
DK ........................................ -8 {BOX_08}
PR22BOV1
========

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

UNIT OF COVERAGE:

PER YEAR ............................... 1 {BOX_08}
QUARTERLY/EVERY 3 MONTHS .......... 2 {BOX_08}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {BOX_08}
PER MONTH .............................. 4 {BOX_08}
PER WEEK ............................... 5 {BOX_08}
BIWEEKLY/EVERY 2 WEEKS ............. 6 {BOX_08}
SEMI-ANNUALLY/2 TIMES PER YEAR ... 7 {BOX_08}
SEMI-MONTHLY/2 TIMES PER MONTH ... 8 {BOX_08}
OTHER ................................. 91 {PR22BOV2}
REF ................................... -7 {BOX_08}
DK ..................................... -8 {BOX_08}

[Code One]

PR22BOV2
========

SPECIFY:

[Enter Other Specify] .................. {BOX_08}
REF ................................... -7 {BOX_08}
DK ..................................... -8 {BOX_08}

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                                            |
---------------------------------------------------------------------
PR23

{STR-DT}
{END-DT}

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}}?

[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 {BOX_09}
NO, ONLY SOME ....................  2 {PR24}
NO, NONE ..........................  3
REF ............................... -7 {BOX_11}
DK ................................. -8 {BOX_11}

HELP AVAILABLE 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. |
---------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------------
| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS | LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/ PHYSICIAN' DURING CURRENT ROUND. |
---------------------------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------------------------
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS | LISTED HERE AS '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 |

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

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

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND. |

PR24
====

{STR-DT}
{END-DT}

Who has been covered by this program {since {START DATE}/between {START DATE} and {END DATE}}? 

PROBE: Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY 'since {START DATE}' IF NOT ROUND 5.
DISPLAY 'between {START DATE} and {END DATE}' IF ROUND 5.

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.

GO TO BOX_09

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

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

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.
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

OTHERWISE, CONTINUE WITH PR25

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 {PR26}  
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
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)?

[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.                                          |
----------------------------------------------------

----------------------------------------------------
| 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. |
----------------------------------------------------

----------------------------------------------------
| GO TO LOOP_04                                    |
----------------------------------------------------

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

----------------------------------------------------
| ROSTER DEFINITION:                               |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION|
| OF RU-MEMBERS.                                   |
----------------------------------------------------
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
1. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_04
=======
FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK NAV_PR04 - 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

NAVIGATOR DETAILS: LOOP_04 USES NAV_PR04 TO TO CONTROL THE FLOW OF THE LOOP.
RU Member

[1. Coverage duration for [Person’s Name-65] through
(NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU)] [Status-25]
[2. Coverage duration for [Person’s Name-65] through
(NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU)] [Status-25]
[3. Coverage duration for [Person’s Name-65] through
(NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU)] [Status-25]

------------------------------------------------------------------------
| FOR ‘NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU’, DISPLAY THE INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |
------------------------------------------------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-
ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.

2. MULTIPLE SELECT, ADD, DELETE, AND EDIT
   DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE
FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
AND
- PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/
  PHYSICIAN DURING THE CURRENT ROUND

CONTINUE WITH BOX_10 FOR SELECTED RU MEMBER.

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}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by
NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}.}

{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?

[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}

HELP AVAILABLE FOR A DEFINITION OF THIS TYPE OF PROGRAM.

---

| DISPLAY 'Last time .... {NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}.’ 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 INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND. |

---

60
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), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.

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

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

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID/SCHIP) MANAGED CARE PLAN, CONTINUE WITH PR28

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

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.
ROSTER BEHAVIOR:

1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:

DISPLAY ONLY THOSE RU MEMBERS WHO ARE FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.

---

**PR28**

---

{STR-DT}

{END-DT}

SHOW CARD HX-8.

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 {PR28OV}
NO ..................................... 2 {PR29}
REF ................................... -7 {PR29}
DK .................................... -8 {PR29}

---

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

---

**PR28OV**

---

Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ......... {PR32}
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) enrolled in an HMO, that is a Health Maintenance Organization \{between \{START DATE\} and \{END DATE\}\}?

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

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

YES, ALL ARE ........................... 1 {PR31}
YES, SOME ARE .......................... 2 {PR31}
NO, NONE ARE ........................... 3 {PR30}
REF ................................. -7 {PR30}
DK ................................. -8 {PR30}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.
DISPLAY 'between {START DATE} and {END DATE}' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

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

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.
{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.

[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 {PR31}
YES, SOME REQUIRED ..................... 2 {PR31}
NO, NONE REQUIRED ...................... 3 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

[Code One]

HELP AVAILABLE 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/PHYSICIAN. |

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
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] ..................... {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

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.'
PR32
====

Does anyone in the family pay anything for the coverage through
{(PLAN NAME ENTERED AT PR28OV)/(NAME OF PLAN FROM PR31)/the program
sponsored by a state or local government agency which provides hospital
and physician benefits)?

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

YES .................................... 1 {PR33}
NO ..................................... 2 {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF
PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
How much does anyone in the family pay for {the \{PLAN NAME ENTERED AT PR28OV\}/\{NAME OF PLAN FROM PR31\}}/that coverage?

[Enter Amount in Dollars] ..............   {PR33OV1}
REF ..................................... -7 {PR34}
DK ..................................... -8 {PR34}

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

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 (PR34)
QUARTERLY/EVERY 3 MONTHS .............. 2 (PR34)
BIMONTHLY/EVERY 2 MONTHS ............... 3 (PR34)
PER MONTH .............................. 4 (PR34)
PER WEEK ................................ 5 (PR34)
BIWEEKLY/EVERY 2 WEEKS ............... 6 (PR34)
SEMI-ANNUALLY/2 TIMES PER YEAR ...... 7 (PR34)
SEMI-MONTHLY/2 TIMES PER MONTH ....... 8 (PR34)
OTHER .................................. 91 (PR33OV2)
REF ..................................... -7 (PR34)
DK ..................................... -8 (PR34)

{Code One}
PR330V2

SPECIFY:

[Enter Other Specify] ..................   {PR34}
REF ................................... -7 {PR34}
DK ..................................... -8 {PR34}

BOX_10A

OMITTED.

PR34

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}{{NAME OF PLAN FROM PR31}}}}

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

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..................... 1
STATE GOVERNMENT ...................... 2
LOCAL GOVERNMENT ..................... 3
SOME GOVERNMENT ...................... 4
OTHER ..................................... 91 {PR34OV}
REF ..................................... -7 {BOX_11}
DK ....................................... -8 {BOX_11}

{Code All That Apply}
DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED 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).

-----------------------------------------------------
<table>
<thead>
<tr>
<th>FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR340V</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_11</th>
</tr>
</thead>
</table>

PR340V
======

SPECIFY:

[Enter Other Specify] ..................   {BOX_11}
REF ............................... -7   {BOX_11}
DK ............................... -8   {BOX_11}
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}}?

[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 {BOX_13}
NO, ONLY SOME ................................. 2 {PR36}
NO, NONE ...................................... 3
REF ........................................ -7 {BOX_15}
DK ........................................ -8 {BOX_15}

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |
| STATE PROGRAMS (AS LISTED IN ATTACHMENT 37) FOR |
| 'STATE NAME FOR PROGRAM #N'. |
| DISPLAY ‘since {START DATE}’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and {END DATE}’ IF |
| ROUND 5. |

| IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU |
| MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER |
| PUBLIC INSURANCE DURING CURRENT ROUND. |
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

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

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

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.
PR36

{STR-DT}
{END-DT}

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

PROBE: Anyone else?

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

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

----------------------------------------------------
|  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.                                          |
----------------------------------------------------

----------------------------------------------------
|  GO TO BOX_13                                   |
----------------------------------------------------

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

----------------------------------------------------
|  ROSTER DEFINITION:                            |
|  THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-|
|  ROSTER FOR SELECTION OF RU-MEMBERS.           |
----------------------------------------------------
<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.</td>
</tr>
</tbody>
</table>

BOX_13
======

| 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 {PR38}
NO ....................................  2
REF ................................... -7
DK .................................... -8

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

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

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

PROBE: Anyone else?

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

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

| 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.’ |

| GO TO LOOP_05 |

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

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS. |
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 1. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND. |

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LOOP_05

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FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK NAV_PR05 - END_LP05

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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

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NAVIGATOR DETAILS: LOOP_05 USES NAV_PR05 TO CONTROL THE FLOW OF THE LOOP.
STATE SPECIFIC PROGRAM (STR-DT)

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

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

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

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

RU Member

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

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| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |
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| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION. |
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| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
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ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO 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

CONTINUE WITH BOX_14 FOR SELECTED RU MEMBER.

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.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15
IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39

OTHERWISE, GO TO BOX_18

{STR-DT}
{END-DT}

SHOW CARD HX-11.

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}}?

[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 {BOX_16}
NO, ONLY SOME ............................  2 {PR40}
NO, NONE .................................  3
REF ................................. -7 {BOX_18}
DK ................................. -8 {BOX_18}

HELP AVAILABLE 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 ‘1’ (YES, ALL), FLAG ALL RU MEMBERS |
| LISTED HERE AS ‘COVERED BY GROUP 2 OTHER PUBLIC |
| INSURANCE’ DURING CURRENT ROUND. |

| 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 |

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

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

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING |
| THE PREVIOUS ROUND. |
SHOW CARD HX-11.

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

PROBE: Anyone else?

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

HELP AVAILABLE 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.                                      |

| 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.                                         |

| GO TO BOX_16                                  |

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

| ROSTER DEFINITION:                           |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-|
| ROSTER FOR SELECTION OF RU-MEMBERS.          |
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

BOX_16

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

OTHERWISE, CONTINUE WITH PR41

PR41

{STR-DT}
{END-DT}

SHOW CARD HX-11.

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 (PR42)
NO ...................................... 2
REF ...................................... -7
DK ....................................... -8

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
PR42

{STR-DT}
{END-DT}

SHOW CARD HX-11.

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

PROBE: Anyone else?

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

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
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.'

GO TO LOOP_06

ROSTER DETAILS:
Title: RU_MEMBERS_1

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

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

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

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.
LOOP_06
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| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK NAV_PR06 - END_LP06             |
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| 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 |
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| NAVIGATOR DETAILS: LOOP_06 USES NAV_PR06 TO TO CONTROL THE FLOW OF THE LOOP. |
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NAV_PR06
========

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


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

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

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

RU Member

[1. Coverage duration for [Person’s Name-65] through STATE: TANF/SSI/WIC/IHS/PHC/VA] [Status-25]
[2. Coverage duration for [Person’s Name-65] through STATE: TANF/SSI/WIC/IHS/PHC/VA] [Status-25]
[3. Coverage duration for [Person’s Name-65] through STATE: TANF/SSI/WIC/IHS/PHC/VA] [Status-25]
ROSTER DETAILS:
COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
COL # 2 HEADER: EMPTY
INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED.

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

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

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET 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

CONTINUE WITH BOX_17 FOR SELECTED RU MEMBER.

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 |

BOX_18

| RETURN TO THE HEALTH INSURANCE (HX) SECTION. |