

Private Health Insurance Detail (HP) 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.

| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED |
IN ALL FUTURE ROUNDS.

| NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND |
| THE INFORMED CONSENT SCREENS WERE OMITTED |
| STARTING IN PANEL 12 ROUND 3. THIS INFORMATION |
| WAS IN PANEL 12 ROUNDS 1 AND 2. |
| |
| STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED |
IN ALL ROUNDS.

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, |
| 'INSURANCE SOURCE'. |
| |
| FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT |
| FROM HX23. IF HX23=91, DISPLAY THE OTHER SPECIFY |
TEXT.

BOX_01
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| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE |
| EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH |
| INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' |
WITH A FIRM-SIZE-1, GO TO LOOP_01

| 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
=====

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

GENERAL HEALTH COVERAGE 1 {HP02}
ONLY INJURIES CAUSED BY ACCIDENTS 2 {BOX_11}
REF -7 {HP02}
DK -8 {HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
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Would the insurance from the school cover health services
outside of a school clinic?

YES 1 {HP03}
NO 2 {BOX_11}
REF -7 {HP03}
DK -8 {HP03}

HP03
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I'd like to talk about the insurance which is from {CATEGORY
NAME FROM HX03 OR HX23}, that is, the health insurance {through
a self-employed business/someone in the family purchased or
obtained directly from that source.}

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS INSURANCE
REPORTED IN ERROR.

CONTINUE 1 {LOOP_01}
INSURANCE REPORTED IN ERROR 2 {BOX_11}

[Code One]

| DISPLAY 'through a self-employed business' IF |
| LOOPING ON AN HX03 CATEGORY. DISPLAY 'someone in |
| the family purchased or obtained directly from |
that source.' IF LOOPING ON AN HX23 CATEGORY.

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-----  
| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM  
| HX03 OR HX23':  
|  
| - 'a professional association' IF CODED '1' AT  
| HX03  
| - 'a small business group' IF CODED '2' AT HX03  
| - 'a union' IF CODED '3' AT HX03  
| - 'an insurance agent' IF CODED '5' AT HX03  
| - 'an insurance company' IF CODED '6' AT HX03  
| - 'an HMO' IF CODED '7' AT HX03  
| - 'a previous employer' IF CODED '8' AT HX03  
| - 'a previous employer (COBRA)' IF CODED '9' AT  
| HX03  
| - 'a high risk pool {(e.g., {STATE NAME FOR HIGH  
| RISK POOL})}' IF CODED '10' AT HX03  
| - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91'  
| AT HX03  
| - '{STATE EXCHANGE NAME}' IF CODED '11' AT HX03  
| - 'source purchased for that business' IF CODED  
| '-7' OR '-8' AT HX03  
|  
| - 'a group or association' IF CODED '1' AT HX23  
| - 'a school' IF CODED '3' AT HX23  
| - 'an insurance agent' IF CODED '4' AT HX23  
| - 'an insurance company' IF CODED '5' AT HX23  
| - 'an HMO' IF CODED '6' AT HX23  
| - 'a union' IF CODED '7' AT HX23  
| - 'a previous employer (COBRA)' IF CODED '8' AT  
| HX23  
| - 'a previous employer (not COBRA)' IF CODED '9'  
| AT HX23  
| - 'a spouse's (or deceased spouse's) previous  
| employer' IF CODED '10' AT HX23  
| - 'some other employer' IF CODED '11' AT HX23  
| - 'the plan of someone not living here' IF CODED  
| '12' AT HX23  
| - 'a high risk pool {(e.g., {STATE NAME FOR HIGH  
| RISK POOL})}' IF CODED '13' AT HX23  
| - '{STATE EXCHANGE NAME-A}' IF CODED '14' AT HX23  
| - 'the {HX23OV OTHER SPECIFY TEXT}' IF CODED '91'  
| AT HX23  
| - 'a source that provided directly purchased  
| insurance' IF CODED '-7' OR '-8'  
|  
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| DISPLAY `(e.g., {STATE NAME FOR HIGH RISK POOL})' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |  
| OFFERS A HIGH RISK POOL HEALTH INSURANCE PLAN. |  
| THIS INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, |  
| HI, ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. |  
| IF INTERVIEW STATE IS ONE OF THESE STATES, USE A |  
| NULL DISPLAY. |  
|  
| FOR `STATE NAME FOR HIGH RISK POOL' DISPLAY THE |  
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED. |  
|  
| FOR `STATE EXCHANGE NAME', DISPLAY THE EXCHANGE |  
| NAME `A' ASSOCIATED WITH THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED. |  
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| IF CODED `2' (INSURANCE REPORTED IN ERROR), FLAG |  
| ITEM FOR SOURCE CLEAN-UP. |  
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```

LOOP_01

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| FOR EACH OF THE FOLLOWING: |  
|  
| ESTABLISHMENT 1 |  
| ESTABLISHMENT 2 |  
| ESTABLISHMENT 3 |  
| ESTABLISHMENT 4 |  
|  
| ASK BOX_01AA-END_LP01 |  
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```

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-----  
| LOOP DEFINITION: LOOP-01 COLLECTS DETAILED |  
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN |  
| EMPLOYER OR THE ESTABLISHMENT NAMES OF THE |  
| INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. |  
| IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER |  
| ONLY ONE LOOP CYCLE IS COMPLETED. |  
| |  
| IF LOOPING ON INSURANCE PROVIDED THROUGH AN |  
| INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE |  
| FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT |  
| NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, |  
| IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. |  
| IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN |  
| TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 |  
| IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED), |  
| OR '-8' (DON'T KNOW), THE LOOP ENDS. |  
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BOX_01AA

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| IF LOOPING ON CODE '11' (STATE EXCHANGE NAME) AT |  
| HX03 OR CODE '14' (STATE EXCHANGE NAME) AT HX23, |  
| AUTOMATICALLY CODE HP04A AS 'YES' |  
| AND |  
| AUTOMATICALLY ADD THE ESTABLISHMENT NAME '{STATE |  
| EXCHANGE NAME}' TO THE HP04/HP06 ESTABLISHMENT |  
| ROSTER. THEN GO TO BOX_02 |  
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```

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| IF LOOPING ON CODE '1' (PROFESSIONAL ASSOCIATION), |  
| '2' (SMALL BUSINESS GROUP), '5' (INSURANCE AGENT), |  
| '6' (INSURANCE COMPANY), '7' (HMO), OR '91' |  
| (OTHER) AT HX03 OR CODE '1' (GROUP/ASSOCIATION), |  
| '4' (INSURANCE AGENT), '5' (INSURANCE COMPANY), |  
| '6' (HMO), OR '91' (OTHER) AT HX23, CONTINUE WITH |  
| HP04A |  
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```

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-----  
| OTHERWISE, GO TO BOX_01A |  
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```

| NOTE: THE HP04/HP06 ESTABLISHMENT ROSTER HAS A |
| CHARACTER LIMIT OF 30 CHARACTERS. IF AN |
| ESTABLISHMENT IS AUTOMATICALLY ADDED TO THE |
| ROSTER AT HP04/HP06 THAT IS OVER 30 CHARACTERS, |
| THE ESTABLISHMENT NAME WILL BE TRUNCATED. AS OF |
| P19R2/P18R4, THE FOLLOWING STATE EXCHANGE NAMES |
| WERE TRUNCATED: |
| ORIGINAL |
| 'the Health Insurance Marketplace' |
| 'the Massachusetts Health Connector' |
| 'Washington Health Benefit Exchange' |
| 'Avenue H Health Insurance Marketplace' |
| |
| TRUNCATED |
| 'Health Insurance Marketplace' |
| 'Massachusetts Health Connector' |
| 'WA Health Benefit Exchange' |
| 'Avenue H Hlth Ins Marketplace' |

HP04A

=====

Is this coverage through {STATE EXCHANGE NAME-A}{, [which may also
be known as {ALIAS B} {or {ALIAS C}}]}?

YES 1 {BOX_01A}
NO 2 {BOX_01A}
REF -7 {BOX_01A}
DK -8 {BOX_01A}

| DISPLAY ', [which may also be known as {ALIAS B} |
| {or {ALIAS C}}]' IF THERE IS MORE THAN ONE |
| EXCHANGE NAME ASSOCIATED WITH THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED. |

| DISPLAY 'or {ALIAS C}' IF THERE ARE THREE |
| EXCHANGE NAMES ASSOCIATED WITH THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED. |

| FOR 'STATE EXCHANGE NAME-A', 'ALIAS B', AND |
| 'ALIAS C', DISPLAY THE EXCHANGE NAME(S) |
| ASSOCIATED WITH THE STATE IN WHICH INTERVIEW IS |
BEING CONDUCTED.

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}

{Please give me the name of the **professional association/small business group/union/insurance company/HMO/previous employer/previous employer (using COBRA)/group or association/school/spouse's (or deceased spouse's) previous employer/employer/high risk pool (e.g., {STATE NAME FOR HIGH RISK POOL})/ {HX03OV/HX23OV OTHER SPECIFY}/source** {from which someone in the family {purchased/obtained} this insurance/for the insurance purchased from an agent}. / 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?}

VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

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|-----|
| ROSTER. ESTABLISHMENT |
|-----|
| 1. Establishment Name-30 |
| |
|-----|
| 2. Establishment Name-30 |
| |
|-----|
| 3. Establishment Name-30 |
| |
|-----|
```

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-----
| DISPLAY 'Please give ... an agent.' IF NOT LOOPING |
| ON HX23 CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE). DISPLAY 'You mentioned...this |
| insurance?' IF LOOPING ON HX23 CODE '12' (UNDER |
| PLAN OF SOMEONE NOT LIVING HERE). |
| |
| DISPLAY 'professional association' IF LOOPING ON |
| HX03 CODE '1' (FROM A PROFESSIONAL ASSOCIATION). |
| |
| DISPLAY 'small business group' IF LOOPING ON HX03 |
| CODE '2' (FROM A SMALL BUSINESS GROUP). |
| |
| DISPLAY 'union' IF LOOPING ON HX03 CODE '3' (FROM |
| A UNION) OR LOOPING ON HX23 CODE '7' (FROM A |
| UNION). |
| |
| DISPLAY 'insurance company' IF LOOPING ON HX03 |
| CODE '5' (DIRECTLY FROM AN INSURANCE AGENT) OR '6' |
```

| (DIRECTLY FROM INSURANCE COMPANY) OR LOOPING ON |
| HX23 CODE '4' (DIRECTLY FROM AN INSURANCE AGENT) |
| OR '5' (DIRECTLY FROM INSURANCE COMPANY). |

| |
| DISPLAY 'HMO' IF LOOPING ON HX03 CODE '7' |
| (DIRECTLY FROM AN HMO) OR LOOPING ON HX23 CODE '6' |
| (DIRECTLY FROM AN HMO). |

| |
| DISPLAY 'previous employer' IF LOOPING ON HX03 |
| CODE '8' (FROM A PREVIOUS EMPLOYER) OR LOOPING ON |
| HX23 CODE '9' (FROM ANYONE'S PREVIOUS EMPLOYER). |

| |
| DISPLAY 'previous employer (using COBRA)' IF |
| LOOPING ON HX03 CODE '9' (FROM A PREVIOUS |
| EMPLOYER (COBRA)) OR LOOPING ON HX23 CODE '8' |
| (FROM ANYONE'S PREVIOUS EMPLOYER (COBRA)). |

| |
| DISPLAY 'group or association' IF LOOPING ON HX23 |
| CODE '1' (FROM A GROUP OR ASSOCIATION). |

| |
| DISPLAY 'school' IF LOOPING ON HX23 CODE '3' |
| (DIRECTLY THROUGH A SCHOOL). |

| |
| DISPLAY 'spouse's (or deceased spouse's) previous |
| employer' IF LOOPING ON HX23 CODE '10' (FROM |
| SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER). |

| |
| DISPLAY 'employer' IF LOOPING ON HX23 CODE '11' |
| (FROM SOME OTHER EMPLOYER). |

| |
| DISPLAY 'high risk pool {(e.g., {STATE NAME FOR |
| HIGH RISK POOL})}' IF LOOPING ON HX03 CODE '10' |
| (DIRECTLY FROM A HIGH RISK POOL) OR LOOPING ON |
| HX23 CODE '13' (DIRECTLY FROM A HIGH RISK POOL). |

| |
| DISPLAY '{HX03OV/HX23OV OTHER SPECIFY}' IF LOOPING |
| ON HX03 CODE '91' (OTHER) OR LOOPING ON HX23 CODE |
| '91' (OTHER SOURCE). |

| |
| FOR 'HX03OV/HX23OV OTHER SPECIFY' DISPLAY THE |
| TEXT ENTERED AT EITHER HX03OV OR HX23OV. |

| |
| DISPLAY 'source' IF LOOPING ON HX03 OR HX23 CODES |
| '-7' (REF) OR '-8' (DK). |

| |
| DISPLAY 'from which someone in the family |
| {purchased/obtained} this insurance' IF **NOT** |
| LOOPING ON HX03 CODE '5' (DIRECTLY FROM AN |
| INSURANCE AGENT) OR HX23 CODE '4' (DIRECTLY FROM |
| AN INSURANCE AGENT) IF LOOPING ON HX03 CODE '5' |
| OR HX23 CODE '4', DISPLAY, 'for the insurance |
| purchased from an agent'.

| DISPLAY 'purchased' IF LOOPING ON HX03 CODES '1', |
| '2', '3', '6', '7', '10', '-7,' OR '-8' OR IF |
| LOOPING ON HX23 CODES '1', '3', '5', '6', '7', |
| '13', '-7,' OR '-8'. |
|
| DISPLAY 'obtained' IF LOOPING ON HX03 CODES '8', |
| '9', OR '91' OR IF LOOPING ON HX23 CODES '8', '9', |
| '10', '11', OR '91'. |

| DISPLAY '(e.g., {STATE NAME FOR HIGH RISK POOL})' |
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |
| OFFERS A HIGH RISK POOL HEALTH INSURANCE PLAN. |
| THIS INCLUDES ALL STATES EXCEPT: AZ, DE, DC, GA, |
| HI, ME, MA, MI, NV, NJ, NY, OH, PA, RI, VT, VA. |
| IF INTERVIEW STATE IS ONE OF THESE STATES, USE A |
| NULL DISPLAY. |
|
| FOR 'STATE NAME FOR HIGH RISK POOL' DISPLAY THE |
| HIGH RISK POOL PLAN NAME ASSOCIATED WITH THE |
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED. |

| 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. FOR |
| ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE |
| REFERENCE PERIOD. |

| DISPLAY AN "ADD ESTABLISHMENT" OPTION ON THIS |
| SCREEN. |

| IF 'ADD ESTABLISHMENT' OPTION IS SELECTED, |
| CONTINUE WITH BOX_01B |

| OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE |
| LIST), GO TO BOX_02 |

| ROSTER DETAILS: |
| TITLE: RU_ESTB_3 |
| |
| COL # 1 HEADER: ESTABLISHMENT |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
(ESTB.ESTBNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR |
DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS.

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

| ROSTER FILTER: |
| DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE |
| INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS |
| FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A |
FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES.

BOX_01B
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| IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT' |
| IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A |
SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)

| IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT |
| LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT |
| LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE |
| THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS |
A POPUP ON HP04.)

HP06
=====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED
INSURANCE.

{ESTABLISHMENT: [_____] {BOX_02}

```
-----  
| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03 |  
| OR HX23': |  
| |  
| - 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03 |  
| - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03 |  
| - 'UNION' IF CODED '3' 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 |  
| - 'HIGH RISK POOL' IF CODED '10' AT HX03 |  
| - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03 |  
| - 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF |  
| CODED '-7' OR '-8' AT HX03 |  
| |  
| - 'GROUP OR ASSOCIATION' IF CODED '1' 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 |  
| - 'PREVIOUS EMPLOYER [COBRA]' IF CODED |  
| '8' AT HX23 |  
| - '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 |  
| - 'HIGH RISK POOL' IF CODED '13' AT HX23 |  
| - THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23 |  
| - 'SOURCE THAT PROVIDED DIRECTLY PURCHASED |  
| INSURANCE' IF CODED '-7' OR '-8' |  
| |  
-----
```

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

HP07
=====

{STR-DT}
{END-DT}

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.

[Establishment Name] {BOX_02}

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

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

BOX_02

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-----  
| IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |  
| 'GROUP'. |  
| IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS |  
| 'UNION'. |  
| IF HX03 IS CODED '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 '10', FLAG ESTABLISHMENT AS |  
| 'HIGH RISK POOL'. |  
| IF HX03 IS CODED '11', FLAG ESTABLISHMENT AS |  
| 'EXCHANGE COVERAGE'. |  
| 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 '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 '13', FLAG ESTABLISHMENT AS |  
| 'HIGH RISK POOL'. |  
| IF HX23 IS CODED '14', FLAG ESTABLISHMENT AS |  
| 'EXCHANGE COVERAGE'. |  
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS |  
| 'UNKNOWN TYPE - COLLECTED AT OTHER'. |  
-----
```

```
-----  
| NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' |  
| (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS |  
| OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED |  
| IN ALL FUTURE ROUNDS. |  
-----
```

BOX_03

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```
-----  
| IF LOOPING ON AN HX23 CATEGORY, GO TO HP11 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH HP09 |  
-----
```

HP09

=====

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

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

YES 1 {LOOP_02}
NO 2 {HP10}
REF -7 {HP10}
DK -8 {HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

```
-----  
| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'As |  
| of {END DATE}, {were/was}' IF ROUND 5. |  
-----
```

```
-----  
| PERSON REFERS TO JOBHOLDER. |  
-----
```



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

HP10
=====

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

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

```
{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}
```

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code One]

```
-----  
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |  
| ROUND 5. DISPLAY 'on {END DATE}' IF ROUND 5. |  
| OTHERWISE, USE NULL DISPLAY. |  
-----
```

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

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_ESTB_PERS_PAIRS_2 |  
| |  
| COL # 1 HEADER: JOBHOLDER/EMPLOYER PAIR |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAME/ESTABLISHMENT NAME (PERS.FULLNAME/ |  
| ESTB.ESTBNAME) |  
-----
```

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

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

| ROSTER FILTER: |
| DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING |
| CONDITIONS: |
| |
| 1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
| IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND |
| |
| 2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY |
ESTABLISHMENT

HP11

=====

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

{Please tell me the names of everyone who is a primary insured
person or policyholder of the/Who {is/was} the primary insured
person or policyholder of this} health coverage through
{ESTABLISHMENT} {on {END DATE}}?

{CODE ALL THAT APPLY.}

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

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

| DISPLAY 'Please tell me the names of everyone who |
| is a primary insured person or policyholder of |
| the' IF HX23 IS CODED '14' (DIRECTLY FROM {STATE |
| EXCHANGE NAME}). OTHERWISE, DISPLAY 'Who {is/was} |
| the primary insured person or policyholder of |
| the'. DISPLAY 'CODE ALL THAT APPLY' IF HX23 IS |
| CODED '14' (DIRECTLY FROM {STATE EXCHANGE NAME}). |
OTHERWISE, USE A NULL DISPLAY.

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on {END DATE}' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY. DISPLAY A |
| "POLICYHOLDER NOT LISTED IN DU" AND "POLICYHOLDER |
DECEASED" OPTION ON THIS SCREEN.

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

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

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

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS- |
ROSTER FOR SELECTION.

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

```
-----  
| ROSTER FILTER: |  
| NO FILTER; DISPLAY ALL DU MEMBERS. |  
-----
```

HP11A
=====

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

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

[Enter Specify-15] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

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

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

```
-----  
| OTHERWISE, GO TO LOOP_02 |  
-----
```

HP11B
=====

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

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

FLAG POLICYHOLDER AS 'DECEASED'.

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

LOOP_02
=====

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

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

BOX_04

=====

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

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

=====

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

OTHERWISE, GO TO BOX_07

BOX_06

=====

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

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

OTHERWISE, CONTINUE WITH HP12

HP12
=====

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

{Are/Is} {you/{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 {HP12OV}
REF -7 {HP13}
DK -8 {HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

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

HP12OV
=====

SPECIFY:

[Enter Other Specify] {HP13}
REF -7 {HP13}
DK -8 {HP13}

HP13
====

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

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

YES 1 {BOX_07}
NO 2 {BOX_07}
REF -7 {BOX_07}
DK -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.

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

BOX_07

=====

```
-----  
| IF ESTABLISHMENT THAT PROVIDES INSURANCE IS |  
| FLAGGED AS: |  
| |  
| 'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', |  
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |  
| PERIOD', OR 'RETIREMENT JOB' |  
| OR |  
| 'EMPLOYER' AND [JOB SUBTYPE IS 'FORMER MAIN', |  
| 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE |  
| REFERENCE PERIOD'] AND JOB IS ALSO FLAGGED AS |  
| 'NOT RETIRED FROM' |  
| OR |  
| 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE |  
| '8'; HX23-CODE '9') |  
| OR |  
| 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT |  
| CODED '1' (CURRENTLY EMPLOYED) |  
| OR |  
| 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') |  
| OR |  
| 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12') |  
| OR |  
| 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23- |  
| CODE '91'), |  
| |  
| CONTINUE WITH HP14 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_07A |  
-----
```

HP14
=====

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

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

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

YES 1 {BOX_07A}
NO 2 {BOX_07A}
REF -7 {BOX_07A}
DK -8 {BOX_07A}

HELP AVAILABLE FOR DEFINITION OF COBRA.

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

BOX_07A
=====

| **SMALL BUSINESS DETERMINATION** |
| |
| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| MEETS THE FOLLOWING CONDITIONS: |
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |
| INSURANCE, AND |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED AS |
| 'PROVIDES HEALTH INSURANCE', AND |
| - ESTABLISHMENT FLAGGED AS A CURRENT-MAIN-JOB, AND |
| - JOB IS FLAGGED AS 'SELF-EMPLOYED', AND |
| - EM124 IS GREATER THAN 1 BUT LESS THAN 200, |
CONTINUE WITH HP14A


```

-----
| FOR 'RU STATE', DISPLAY THE FULL STATE NAME |
| ASSOCIATED WITH THIS RU'S ADDRESS. |
|
| DISPLAY ', [which may also be known as {ALIAS B} |
| {or {ALIAS C}}],' IF THERE IS MORE THAN ONE SHOP |
| NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |
| IS BEING CONDUCTED. |
|
| DISPLAY 'or {ALIAS C}' IF THERE ARE THREE SHOP |
| NAMES ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |
| IS BEING CONDUCTED. |
|
| FOR 'STATE SHOP NAME-A' 'ALIAS B', AND 'ALIAS C', |
| DISPLAY THE SMALL BUSINESS HEALTH OPTIONS PROGRAM |
| NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW |
| IS BEING CONDUCTED. |
|
| DISPLAY 'new' IF PANEL 17 ROUND 5, PANEL 18 ROUNDS |
| 3-5, PANEL 19 ROUNDS 1-5 OR PANEL 20 ROUNDS 1-3 |
| (YEARS 2014 AND 2015). OTHERWISE, USE A NULL |
| DISPLAY. |
-----

```

HP15
 =====

```

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

```

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

```

YES ..... 1 {HP16}
NO ..... 2 {HP17}
REF ..... -7 {HP17}
DK ..... -8 {HP17}

```

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```

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

```

HP16

====

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

Who is that?

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

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

[Code All That Apply]

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

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

GO TO BOX_08

| 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. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER |
| EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR |
| THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME |
| OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING |
ASKED ABOUT.

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

HP17

=====

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

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

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

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

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

BOX_08

=====

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

```
-----  
| OTHERWISE, CONTINUE WITH LOOP_03 |  
-----
```

LOOP_03

=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER, ASK NAV_HP03 - 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. |  
-----
```

```
-----  
| NAVIGATOR DETAILS: LOOP_03 USES NAV_HP03 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
-----
```

NAV_HP03

=====

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

SERIES: {Insurance Coverage Duration during Reference
Period / Self-Employed RU Member's Insurance Coverage}

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.

Question Series

- [1. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]
- [2. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]
- [3. Coverage duration for [Person's Name-65] through
[Establishment Name-30]] [Status-25]

| DISPLAY 'Self-Employed RU Member's Insurance |
| Coverage' IF LOOPING ON AN HX03 CATEGORY. |
| OTHERWISE, DISPLAY 'Insurance Coverage Duration |
during Reference Period.'

| ROSTER DETAILS: |
| COL # 1 HEADER: QUESTION SERIES |
| 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 THE RU-ESTB-PLCYHLDR-COVRD- |
PERS-TRPLS-ROSTER FOR SELECTION.


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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL RU MEMBERS SELECTED AT HP16. |  
-----
```

```
-----  
| CONTINUE WITH BOX_09 FOR SELECTED RU MEMBER. |  
-----
```

BOX_09
=====

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

END_LP03
=====

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

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

END_LP02

=====

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

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

BOX_10

=====

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, |
| OR |
| IF LOOPING ON AN ESTABLISHMENT FLAGGED AS |
| 'EXCHANGE COVERAGE' (I.E., LOOPING ON HX03 |
| CATEGORY '11' OR HX23 CATEGORY '14'), GO TO |
END_LP01

OTHERWISE, CONTINUE WITH HP18

HP18

=====

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

Aside from {your/{POLICYHOLDER}'s} {ESTABLISHMENT} insurance, is
there another health insurance plan that anyone in the family obtains
from {CATEGORY NAME FROM HX03 OR HX23}?

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

```
-----  
| DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM  
| HX03 OR HX23':  
|  
| - 'a professional association' IF CODED '1' AT  
| HX03  
| - 'a small business group' IF CODED '2' AT HX03  
| - 'a union' IF CODED '3' AT HX03  
| - 'an insurance agent' IF CODED '5' AT HX03  
| - 'an insurance company' IF CODED '6' AT HX03  
| - 'an HMO' IF CODED '7' AT HX03  
| - 'a previous employer' IF CODED '8' AT HX03  
| - 'a previous employer (COBRA)' IF CODED '9' AT  
| HX03  
| - 'a high risk pool' IF CODED '10' AT HX03  
| - 'the {HX03OV OTHER SPECIFY TEXT}' IF CODED '91'  
| AT HX03  
| - 'source purchased for that business' IF CODED  
| '-7' OR '-8' AT HX03  
| - 'a group or association' IF CODED '1' AT HX23  
| - 'a school' IF CODED '3' AT HX23  
| - 'an insurance agent' IF CODED '4' AT HX23  
| - 'an insurance company' IF CODED '5' AT HX23  
| - 'an HMO' IF CODED '6' AT HX23  
| - 'a union' IF CODED '7' AT HX23  
| - 'a previous employer (COBRA)' IF CODED '8' AT  
| HX23  
| - 'a previous employer (not COBRA)' IF CODED '9'  
| AT HX23  
| - 'a spouse's (or deceased spouse's) previous  
| employer' IF CODED '10' AT HX23  
| - 'some other employer' IF CODED '11' AT HX23  
| - 'the plan of someone not living here' IF CODED  
| '12' AT HX23  
| - 'a high risk pool' IF CODED '13' AT HX23  
| - 'the {HX23OV OTHER SPECIFY TEXT}' IF CODED '91'  
| AT HX23  
| - 'a source that provided directly purchased  
| insurance' IF CODED '-7' OR '-8'  
|  
|-----
```

END_LP01

=====

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

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

BOX_11

=====

RETURN TO THE HEALTH INSURANCE (HX) SECTION.