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HINTRO

^HINTRO1

◆ Press 1 to Continue

1. Enter 1 to continue

MCARE1

Medicare is the health insurance for people 65 years and older, or people under 65 with disabilities.
(Are / Is) (name/you) NOW covered by Medicare?

Medicare read-if-necessary

◆ Code Medigap and Medicare Parts A, B, and C as "Yes"

1. Yes
2. No

ANYCOV

(Do/Does) (name/you) NOW have any type of health plan or health coverage?

1. Yes
2. No

MCAID

(Are / Is) (name/you) NOW covered by Medicaid, Medical Assistance, CHIP, or any other kind of government assistance program that helps pay for health care?

● Code State Medicaid Name 1 State Medicaid Name 2 State Medicaid Name 3 State CHIP Name 1 State CHIP Name 2 State Name 6 State-specific Medicaid Program Name 7 Program Name 8 State Health Program Name 9 as "YES"

1. Yes
2. No

MCARE2

Medicare is the health insurance for people 65 years and older, or people under 65 with disabilities.
(Are / Is) (name/you) NOW covered by Medicare?

Medicare read-if-necessary

● Code Medigap and Medicare Parts A, B, and C as "YES"

1. Yes
2. No

OTHGOVT

(Are / Is) (name/you) NOW covered by any kind of health plan such as State Medicaid Name 1, State Medicaid Name 2, State Medicaid Name 3, State CHIP Name 1, State CHIP Name 2, State Name 6, State-specific Medicaid Program Name 7, Program Name 8, State Health Program Name 9?

● Code Medicaid and CHIP as "YES"

1. Yes
2. No

EXCHNG

(Are / Is) (name/you) NOW covered by any kind of health plan through State Exchange Portal Name such as ^STEXCH1comma and 'or' State Exchange Program Name 2comma and or State Exchange Program Name 3?

1. Yes
2. No

VERIFY

OK, I have recorded that (name/you) (are / is) not covered by any kind of health plan or health coverage. Is that correct?

1. Yes, not covered
2. No, ^NAME is covered

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SRCEGEN_LC1

◆ASK OR VERIFY

^SRCE_INTRO. (Do/Does) (name/you) get covit through a job, the government or state, or some other way?

"Job" includes coverage from someone's own job as well as coverage from a spouse's or parent's job.

Include coverage through former employers and unions, and COBRA plans.

If this coverage is provided through a job with the government, state or military, consider that coverage through a job.

◆ IF R CHOOSES MORE THAN ONE:
OK let's talk about one plan at a time. Which would you like to tell me about first?

1. Job (current or former)
2. Government or State
3. Some other way

SRCEDEPDIR_LC1

How (do/does) (name/you) get that coverage? Is it through a parent or spouse, (do/does) (name/you) buy it (yourself/himself/herself), or (do/does) (name/you) get it some other way?

1. Parent or spouse
2. Buy it
3. Some other way

SRCEBIZ_LC1

(Do/Does) (name/you) get it through a former employer, a union or business association, or some other way?

1. Former employer
2. Union
3. Business Association
4. Some other way

SRCEMISC_LC1

(Do/Does) (name/you) get it through the Indian Health Service, a school, or some other way?

1. Indian Health Service
2. School
3. Some other way

JOBCOV_LC1

Is that coverage related to a JOB with the government or state?

Include coverage through FORMER employers and unions, and COBRA plans.

1. Yes

2. No

MILPLAN_LC1

Is that plan related to military service in any way?

1. Yes
2. No

GOVTYPE_LC1

What type of coverage is it - Medicaid, CHIP, Medicare, military or VA care, or some other type of coverage?

Medicare read-if-necessary

♦ IF R CHOOSES MORE THAN ONE: OK let's talk about one plan at a time. Which would you like to tell me about first?

♦ Code State Medicaid Name 1 State Medicaid Name 2 State Medicaid Name 3 State CHIP Name 1 State CHIP Name 2 State Name 6 State-specific Medicaid Program Name 7 Program Name 8 State Health Program Name 9 as "Medicaid"

♦ Code Medigap and Medicare Parts A, B, and C as "Medicare"

♦ Code State Exchange Portal Name ^STEXCH1 State Exchange Program Name 2 State Exchange Program Name 3 as "Other"

1. Medicaid, Medical Assistance, or CHIP
2. Medicare
3. Military or VA care
4. Other

MILTYPE_LC1

Which plan (are / is) (name/you) covered by? Is it TRICARE, TRICARE for Life, CHAMPVA, Veterans Administration care, military health care, or something else?

1. TRICARE
2. TRICARE for Life
3. CHAMPVA
4. Veterans Administration care
5. Military health care
6. Other

POLHOLDER_LC1

◆ASK OR VERIFY

Whose name is the policy in?

1. ^NAME
2. ^NAME
3. ^NAME
4. ^NAME
5. ^NAME
6. ^NAME
7. ^NAME
8. ^NAME
9. ^NAME
10. ^NAME
11. ^NAME
12. ^NAME
13. ^NAME
14. ^NAME
15. ^NAME
16. ^NAME
17. Someone living outside the household

SRCEPTSP_LC1

◆ASK OR VERIFY

Do they get that coverage through their job, do they buy it themselves, or do they get it some

other way?

1. Job (current or former)
2. Buy it
3. Some other way

GOVPLAN_LC1

⬩ ASK OR VERIFY

What do you call the program?

⬩ IF R ANSWERS WITH INSURANCE COMPANY NAME:
OK, so that would be the plan name. What do you call the program? Some examples of programs in (state) are ⬩ read full list below.

1. Medicaid
2. Medical Assistance
3. CHIP (the State Children's Health Insurance Program)
4. ^STMCAID1
5. ^STMCAID2
6. ^STMCAID3
7. ^STMCAID4
8. ^STMCAID5
9. ^STMCAID6
10. ^STMCAID7
11. ^STMCAID8
12. ^STMCAID9
13. ^STEXCH1
14. ^STEXCH2
15. ^STEXCH3
16. plan through ^STPORTAL
17. other government plan
18. other (please specify)

MISCSPEC_LC1

Please Specify

PORTAL_LC1

  ◆ASK OR VERIFY

Is that coverage through State Exchange Portal Name such as ^STEXCH1comma and 'or' State Exchange Program Name 2comma and or State Exchange Program Name 3?

  1. Yes
  2. No

EXCHTYPE_LC1

  ◆ASK OR VERIFY

Which plan is it - ^STEXCH1comma and 'or' State Exchange Program Name 2comma and or State Exchange Program Name 3?

  1. ^STEXCH1
  2. ^STEXCH2
  3. ^STEXCH3

HIPAID_LC1

Does (name's/your) employer or union pay for all, part, or none of the health insurance premium?

  ◆Report here employer's contribution to employee's health insurance premiums, not the employee's medical bills.

  1. All
  2. Part
  3. None

SHOP_LC1

Small businesses can offer health coverage to their employees through State Exchange Portal Name. Is the coverage at all related to State Exchange Portal Name, which offers ^STEXCH1, State Exchange Program Name 2, State Exchange Program Name 3?

  1. Yes
  2. No

POLHOLDER2_LC1

  ◆ASK OR VERIFY

Whose name is the policy in?

1. ^NAME
2. ^NAME
3. ^NAME
4. ^NAME
5. ^NAME
6. ^NAME
7. ^NAME
8. ^NAME
9. ^NAME
10. ^NAME
11. ^NAME
12. ^NAME
13. ^NAME
14. ^NAME
15. ^NAME
16. ^NAME
17. Someone living outside the household

PREMYN_LC1

Is there a monthly premium for this plan?

Premium read-if-necessary

1. Yes
2. No

PREMSUBS_LC1

Is the cost of the premium subsidized based on (your/family) income?

Premium read-if-necessary

1. Yes
2. No

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BEFORAFT_LC1

Did (name's/your) coverage from plantype start before or after January 1, CY-1?

Your best estimate is fine.

job probe
direct probe

1. Before January 1, 2012
2. On or after January 1, 2012

MNTHBEG1_LC1

In what month did that coverage start?

◆ This question refers to plantype

Your best estimate is fine.

job probe
direct probe

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

YEARBEG1_LC1

* ASK OR VERIFY

And what year was that?

* This question refers to plantype

^JOBPROBE
direct probe

1. 2012
2. 2013

CNTCOV_LC1

And has it been continuous since COVBEG?

* This question refers to plantype

* If the gap in coverage was less than 3 weeks, consider the coverage "continuous."

job probe
direct probe

1. Yes
2. No

MNTHBEG2_LC1

In what month did this most recent period of coverage start?

* This question refers to plantype

Your best estimate is fine.

job probe
direct probe

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

YEARBEG2_LC1

♦ ASK OR VERIFY

And what year was that?

♦ This question refers to plantype

1. 2012
2. 2013

SPELLADD_LC1

So far I have recorded that you were covered by plantype in months of coverage. Were there any OTHER months between January CY-1 and now that you were also covered by plantype?

1. Yes
2. No

ANYTHIS_LC1

What months (was/were) (name/you) covered by plantype THIS year -- in CY?

1. January CY
2. February CY
3. March CY

4. April CY

20. All months of CY

21. No months of CY

ANYLAST_LC1

What months (was/were) (name/you) covered by plantype LAST year -- in CY-1?

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

20. All months during CY-1

21. No months during CY-1

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*NON-SCREEN ITEM

OTHMEMB_LC1

And other than (name/you) is anyone else who is living or staying in this household ALSO covered by plantype?

◆ Please include the policyholder.

1. Yes
2. No

COVWHO_LC1

Who? (Who else in this household is covered by plantype)?

Anyone else?

♦ Please include the policyholder.

0. No one listed
1. Person 1's name
2. Person 2's name
3. Person 3's name
4. Person 4's name
5. Person 5's name
6. Person 6's name
7. Person 7's name
8. Person 8's name
9. Person 9's name
10. Person 10's name
11. Person 11's name
12. Person 12's name
13. Person 13's name
14. Person 14's name
15. Person 15's name
16. Person 16's name
96. All persons listed

SAMEMNTHS_LC1

And ^WEREWASA Secondary members covered also covered from birth until now?

♦ This question refers to plantype

1. ^All also covered from ^BIRTH until now
2. ^None not covered from ^BIRTH until now

MNTHS_LC1

(What months between Jan CY-1 and now was NAME covered?/How about NAME?)

- This question refers to plantype

1. January CY-1
2. February CY-1
3. March CY-1
4. April CY-1
5. May CY-1
6. June CY-1
7. July CY-1
8. August CY-1
9. September CY-1
10. October CY-1
11. November CY-1
12. December CY-1
13. January CY
14. February CY
15. March CY
16. April CY
20. All months from January 2012 until now
21. No months from January 2012 until now

MNTHS_LC1

(What months between Jan CY-1 and now was NAME covered?/How about NAME?)

- This question refers to plantype

1. January CY-1
2. February CY-1
3. March CY-1
4. April CY-1
5. May CY-1
6. June CY-1
7. July CY-1
8. August CY-1
9. September CY-1
10. October CY-1
11. November CY-1

12. December CY-1

13. January CY

14. February CY

15. March CY

16. April CY

20. All months from January 2012 until now

21. No months from January 2012 until now

OTHOUT_LC1

Does that plan cover anyone living outside this household?

OTHWHO_LC1

How old are they -- under 19, 19-25 or older than 25?
* Mark all that apply

AddGap1_L

**Ok so far I have recorded that (name/you) (was/were) covered by plantype
in months of coverage. What about months of no coverage? (were/was) (name/you) covered
by any type of health plan or health coverage in those months?**

1. Yes

2. No

CTRLNUM

Non-Displayed Item

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*NON-SCREEN ITEM

SRCEGEN_LP1

**^SRCE_INTRO. Was that coverage provided through a job, the government or state, or some
other way?**

"Job" includes coverage from someone's own job as well as coverage from a spouse's or parent's job.

Include coverage through former employers and unions, and COBRA plans.

If this coverage is provided through a job with the government or the military, consider that coverage through a job.

 PROBE IF R CHOOSES MORE THAN ONE: OK let's talk about one plan at a time. Which would you like to tell me about first?

1. Job (current or former)
2. Government or State
3. Some other way

SRCEDEPDIR_LP1

● ASK OR VERIFY

How did (name/you) get that coverage? Was it through a parent or spouse, did (you/he/she) buy it (yourself/himself/herself), or did (you/he/she) get it some other way?

● IF A PARENT/SPOUSE BUYS THE COVERAGE (BOTH 1 AND 2) THEN CODE <2> FOR "BUY IT".

1. Parent or spouse
2. Buy it
3. Some other way

SRCEBIZ_LP1

● ASK OR VERIFY

Did (name/you) get it through a former employer, a union or business association, or some other way?

1. Former employer
2. Union
3. Business Association
4. Some other way

SRCEMISC_LP1

Did (name/you) get it through the Indian Health Service, a school or some other way?

1. Indian Health Service
2. School
3. Some other way

JOBCOV_LP1

Was that coverage related to a JOB with the government or state?

Include coverage through FORMER employers and unions, and COBRA plans.

1. Yes
2. No

MILPLAN_LP1

 ✦ READ IF NECESSARY

Was that plan related to military service in any way?

1. Yes
2. No

GOVTYPE_LP1

 ✦ ASK OR VERIFY

What type of coverage was it - Medicaid, CHIP, Medicare, military or VA care, or some other type of coverage?

Medicare read-if-necessary

 IF R CHOOSES MORE THAN ONE: OK let's talk about one plan at a time. Which would you like to tell me about first?

 Code State Medicaid Name 1 State Medicaid Name 2 State Medicaid Name 3 State CHIP Name 1 State CHIP Name 2 State Name 6 State-specific Medicaid Program Name 7 Program Name 8 State Health Program Name 9 as "Medicaid"

 Code Medigap and Medicare Parts A, B, and C as "Medicare"

1. Medicaid, Medical Assistance, or CHIP
2. Medicare
3. Military or VA care
4. Other

MILTYPE_LP1

- ASK OR VERIFY

Which plan (was/were) (name/you) covered by? Was it TRICARE, TRICARE for Life, CHAMPVA, Veterans Administration care, military health care, or something else?

1. TRICARE
2. TRICARE for Life
3. CHAMPVA
4. Veterans Administration care
5. Military health care
6. Other

POLHOLDER_LP1

- ASK OR VERIFY

Whose name was the policy in?

1. ^NAME
2. ^NAME
3. ^NAME
4. ^NAME
5. ^NAME
6. ^NAME
7. ^NAME
8. ^NAME
9. ^NAME

10. ^NAME
11. ^NAME
12. ^NAME
13. ^NAME
14. ^NAME
15. ^NAME
16. ^NAME
17. Someone living outside the household

SRCEPTSP_LP1

And did they get that coverage through their job, did they buy it themselves, or did they get it some other way?

1. Job (current or former)
2. Buy it
3. Some other way

GOVPLAN_LP1

What did you call the program?

IF R ANSWERS WITH INSURANCE COMPANY NAME: OK, so that would be the plan name. What do you call the program? Some examples of programs in (state) are ✦ read full list below.

1. Medicaid
2. Medical Assistance
3. CHIP (the State Children's Health Insurance Program)
4. ^STMCAID1
5. ^STMCAID2
6. ^STMCAID3
7. ^STMCAID4
8. ^STMCAID5
9. ^STMCAID6
10. ^STMCAID7

11. ^STMCAID8

12. ^STMCAID9

13. ^STEXCH1

14. ^STEXCH2

15. ^STEXCH3

16. plan through ^STPORTAL

17. other government plan

18. other (please specify)

MISCSPEC_LP1

PORTAL_LP1

Was that coverage through State Exchange Portal Name, such as ^STEXCH1comma and 'or' State Exchange Program Name 2comma and or State Exchange Program Name 3?

1. Yes

2. No

EXCHTYPE_LP1

Which plan was it - ^STEXCH1comma and 'or' State Exchange Program Name 2comma and or State Exchange Program Name 3?

1. ^STEXCH1

2. ^STEXCH2

3. ^STEXCH3

HIPAID_LP1

Did (name's/your) employer or union pay for all, part, or none of the health insurance premium?

+ Report here employee's health insurance premiums, not the employee's medical bills

1. All
2. Part
3. None

SHOP_LP1

Small businesses can offer health coverage to their employees through State Exchange Portal Name. Was the coverage at all related to State Exchange Portal Name, which offers ^STEXCH1, State Exchange Program Name 2, State Exchange Program Name 3?

1. Yes
2. No

POLHOLDER2_LP1

‣ ASK OR VERIFY

Whose name was the policy in?

1. ^NAME
2. ^NAME
3. ^NAME
4. ^NAME
5. ^NAME
6. ^NAME
7. ^NAME
8. ^NAME
9. ^NAME
10. ^NAME
11. ^NAME
12. ^NAME
13. ^NAME
14. ^NAME
15. ^NAME
16. ^NAME
17. Someone living outside the household

PREMYN_LP1

Was there a monthly premium for this plan?

Premium read-if-necessary

1. Yes
2. No

PREMSUBS_LP1

Was the cost of the premium subsidized based on (your/family) income?

Premium read-if-necessary

1. Yes
2. No

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WMNTHS_LP1

What months between January CY-1 and now (was/were) (name/you) covered plantype?

1. January CY-1
2. February CY-1
3. March CY-1
4. April CY-1
5. May CY-1
6. June CY-1
7. July CY-1
8. August CY-1
9. September CY-1
10. October CY-1
11. November CY-1

12. December CY-1

13. January CY

14. February CY

15. March CY

16. April CY

20. All months from January 2012 until now

21. No months from January 2012 until now

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OTHMEMB_LP1

And other than (name/you) was anyone who was living or staying in this household ALSO covered by plantype?

1. Yes
2. No

COVWHO_LP1

Who? (Who else was covered by plantype)?

Anyone else?

0. No one listed

1. Person 1's name

2. Person 2's name

3. Person 3's name

4. Person 4's name

5. Person 5's name

6. Person 6's name

7. Person 7's name

8. Person 8's name

9. Person 9's name

10. Person 10's name

11. Person 11's name

12. Person 12's name

13. Person 13's name

14. Person 14's name

15. Person 15's name

16. Person 16's name

96. All persons listed

SAMEMNTHS_LP1

> **And ^WEREWASA Secondary members covered all also covered in months of coverage?**

1. ^All also covered in ^MNTHCOV

2. ^None not covered in ^MNTHCOV

MNTHS_LP1

> **(What months between Jan CY-1 and now was NAME covered?/How about NAME?)**

> + This question refers to coverage plantype

OTHOUT_LP1

> **Did that plan cover anyone living outside this household?**

OTHWHO_LP1

> **How old were they -- under 19, 19-25, or older than 25?**
> + MARK ALL THAT APPLY

CTRLNUM

Non-Displayed Item

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    *NON-SCREEN ITEM

ADDGAP2_L

    Ok so far I have recorded that (name/you) (was/were) covered by ^MULTPLAN in months of coverage. What about months of no coverage? (were/was) (name/you) covered by any type of health plan or health coverage in those months?

      1. Yes
      2. No

GAPMNTHS_LPR

    What months between January CY-1 and now (was/were) (name/you) covered?

      1. January CY-1
      2. February CY-1
      3. March CY-1
      4. April CY-1
      5. May CY-1
      6. June CY-1
      7. July CY-1
      8. August CY-1
      9. September CY-1
    10. October CY-1
    11. November CY-1
    12. December CY-1
    13. January CY
    14. February CY
    15. March CY
    16. April CY
    20. All months from January 2012 until now
    21. No months from January 2012 until now

AddNow_L

OK other than ^MULTPLAN (do/does) (name/you) NOW have any other type of health plan or health coverage?

• Do not include plans that cover only one type of care, such as dental or vision plans.

    1. Yes

    2. No

AddPast_L

And how about any other plans plans in the past? other plansMULT (were/was) (name/you) covered by any other plans type of health plan or health coverage AT ANY TIME between January CY-1 and now?

    • Do not include plans that cover only one type of care, such as dental or vision plans.

    1. Yes

    2. No

ASSIST

Did (name/you) visit a hospital or health clinic to get care at any time from Janaury CY-1 and now?

    1. Yes

    2. No

FHINTRO

Now I'd like to ask you about (name/you)'s health coverage.

• Press 1 to Continue

    1. Enter 1 to continue

AddNow_F

Other than ^MULTPLAN, (Is NAME now covered by Medicaid/Medicare/any other plan)

•

1. Yes
2. No

AddGap1_F

So far I have recorded that (name/you) (was/were) covered by ^MULTPLAN in months of coverage. What about months of no coverage? (were/was) (name/you) covered by any type of health plan or health coverage in those months?

1. Yes
2. No

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*NON-SCREEN ITEM

ADDGAP2_F

So far I have recorded that (name/you) (was/were) covered by ^MULTPLAN in months of coverage. What about months of no coverage? (were/was) (name/you) covered by any type of health plan or health coverage in those months?

1. Yes
2. No

GAPMNTHS_FPR

What months between January CY-1 and now (was/were) (name/you) covered?

1. January CY-1
2. February CY-1

3. March CY-1

4. April CY-1

5. May CY-1

6. June CY-1

7. July CY-1

8. August CY-1

9. September CY-1

10. October CY-1

11. November CY-1

12. December CY-1

13. January CY

14. February CY

15. March CY

16. April CY

20. All months from January 2012 until now

21. No months from January 2012 until now

AddNow2_F

^FRST_NXT Other than ^MULTPLAN (do/does) (name/you) NOW have any other type of health plan or health coverage?

* Do not include plans that cover only one type of care, such as dental or vision plans.

1. Yes
2. No

AddPast_F

And how about plans in the past? Other than ^MULTPLAN, (was/were) (name/you) covered by any other type of health plan or health coverage AT ANY TIME between January CY-1 and now?

* Do not include plans that cover only one type of care, such as dental or vision plans.

1. Yes
2. No

CTRLNUM

Non-Displayed Item

LINENO

*NON-SCREEN ITEM

OFFER

^FTOFFER Earlier I recorded that (name/you) (are / is) employed but (do/does) not have health coverage through (your/his/her) job. Does ^EMPNAME offer health insurance to any of its employees?

COULD

Could (name/you) be in this plan if (you/he/she) wanted to?

1. Yes
2. No

WNTAKE

Why (aren't/isn't) (you/he/she) in this plan?

* Choose all that apply

1. Covered by another plan
2. Traded health insurance for higher pay
3. Too expensive
4. Don't need health insurance
5. Have a pre-existing condition
6. Haven't yet worked for this employer long enough to be covered
7. Contract or temporary employees not allowed in plan
8. Other/specify

WNTAKESPEC

Please specify other reason why not in the plan

WNELIG

Why not? Why can't (name/you) be in this plan if (you/he/she) wanted to?

✦ Choose all that apply

1. Don't work enough hours per week or weeks per year
2. Contract or temporary employees not allowed in plan
3. Haven't yet worked for this employer long enough to be covered
4. Have a pre-existing condition
5. Too expensive
6. Other/specify

WNELIGSPEC

Please specify other resason why not eligible