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Medicare Current Beneficiary Survey

Section Specifications for HIQ R58 2010

HEALTH INSURANCE

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BOX HIBEG

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE), GO TO HIMCINTR - HIINTR1.

ELSE GO TO BOX MC1AA.

HIMCINTR

No Entry

QUESTION TEXT

SHOW CARD HIMC

The next questions are about health insurance. It's important to understand how beneficiaries cover the costs of their medical care, such as doctor visits, prescribed medicines, hospital stays, and other health care. As you know, there are many ways that people on Medicare receive health insurance benefits. This card outlines the types of health insurance that I'll be asking you about. You may want to refer to this card as we talk about [your/(SP's)] health insurance coverage.

FIELD 1: HIINTR1

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|-----------|
| 1 | CONTINUE | BOX MC1AA |
| | Empty | BOX MC1AA |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

BOX MC1AA

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (SP HAS A LOADED CMS MEDICARE MANAGED CARE PLAN), GO TO MC1 - LOADCORR.

ELSE IF (SP IS NOT IN THE SUPPLEMENTAL SAMPLE) AND (SP HAS A MEDICARE MANAGED CARE PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO HIMC1A - MHMOSAME.

ELSE GO TO HIMC1 - MHMOCOV.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Create current round PLRO for Medicare Plan where PLAN.PLANTYPE = 1/Medicare.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

Set plan status = current. See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|---|
| PLROPLAN | Create PLRO where PLRO.PLROPLAN = 01. |
| PLRORND | Create PLRO where PLRO.PLRORND = current round. |
| COVTIME | Set PLRO.COVTIME = 1/WholeTime. |

MC1

Yes/No

QUESTION TEXT

As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in Medicare Advantage plans, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care. According to Medicare records, [you are/(SP) is] currently enrolled in a Medicare Advantage Plan called (CMS MEDICARE MANAGED CARE PLAN NAME). Is this information correct?

FIELD 1: LOADCORR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | BOX HIMC1 |
| 2 | NO | MC2 - WHATWRNG |
| | Don't Know | MC11 - REFERMED |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.LOADCORR | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

If CMS reported that the SP was enrolled in a Medicare Managed Care plan, a current round PLAN and PLRO will be generated at the home office and will be preloaded with release of case. The preloaded records will include the following information:

PLAN.PLANNUM = Number of CMS loaded plan
 PLAN.PLANRNDC=current round
 PLAN.PLANTYPE=5/MHMO
 PLAN.MHMOLRND=current round
 PLRO.PLROPLAN = PLAN.PLANNUM

PLRO.PLRORND=current round
PLRO.COVANYTM=1/Yes.

The status of the loaded CMS Medicare Managed Care plan may be determined by the response to MC1, HRND.LOADCORR.

Plan details will be collected on this PLAN and PLRO records. When setting status of this plan, set variable on PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND=current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| COVCURNT | If LOADCORR = 1/Yes, set PLRO.COVCURNT=1/Yes. if LOADCORR = DK or RF, set PLRO.COVCURNT=2/No. |

MC2

Code 1

QUESTION TEXT

How is this information incorrect?

SELECT ONLY ONE. IF MORE THAN ONE RESPONSE IS APPLICABLE, SELECT THE RESPONSE THAT IS CLOSEST TO THE TOP OF THE LIST.

FIELD 1: WHATWRNG**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|---|-----------------|
| 1 | SP DISENROLLED FROM (CMS MHMO PLAN NAME), ENROLLED IN NEW MEDICARE ADVANTAGE PLAN | MC2B - YDISNROL |
| 2 | SP HAS PLAN CALLED (CMS MHMO PLAN NAME), R DOESN'T THINK IT'S A MEDICARE ADVANTAGE PLAN | MC3 - PRIMPHYS |
| 3 | SP NOW DISENROLLED FROM (CMS MHMO PLAN NAME), NO LONGER IN ANY MEDICARE ADVANTAGE PLAN | MC2B - YDISNROL |
| 4 | SP ENROLLED IN MEDICARE ADVANTAGE PLAN, BUT NEVER (CMS MHMO PLAN NAME) | MC4 - SAMEPLAN |
| 5 | SP NEVER COVERED BY OR ENROLLED IN (CMS MHMO PLAN NAME) | MC11 - REFERMED |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.WHATWRNG | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

The status of the loaded CMS Medicare Managed Care plan may be set depending on response to MC2. When setting status of this plan, set PLRO variable on PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| COVCURNT | If WHATWRNG=2/DoesNotThinkItsPlan, set PLRO.COVCURNT=1/Yes. Else if WHATWRNG = 1/EnrolledNewPlan, 3/Disenrolled or 5/NeverEnrolled, set PLRO.COVCURNT=2/No. |

MC2B

Code 1

QUESTION TEXT

What is the most important reason [you/(SP)] stopped the (CMS MEDICARE MANAGED CARE PLAN NAME) coverage?

FIELD 1: YDISNROL**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--|--------------|
| 1 | TOO EXPENSIVE OR COULDN'T AFFORD | BOX MC1A |
| 2 | SP DISSATISFIED WITH QUALITY OF CARE | BOX MC1A |
| 3 | TO GET RX COVERAGE IN ANOTHER PLAN | BOX MC1A |
| 4 | TO GET BENEFIT COVERAGE OTHER THAN RX | BOX MC1A |
| 5 | PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE | BOX MC1A |
| 6 | PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN | BOX MC1A |
| 7 | DOCTOR LEFT PLAN/DIED/RETIRED | BOX MC1A |
| 8 | DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS | BOX MC1A |
| 9 | SP MOVED OUT OF PLAN AREA | BOX MC1A |
| 10 | SP DIDN'T LIKE CHOICE OF DOCTORS | BOX MC1A |
| 11 | SP WANTED CHOICE OF DOCTORS | BOX MC1A |

| Value | Label | Route |
|-------|------------|-----------------|
| 91 | OTHER | MC2B - YDISNROS |
| | Don't Know | BOX MC1A |
| | Refused | BOX MC1A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YDISNROL | 1 |

FIELD 2: YDISNROS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|----------|
| 1 | [Continuous answer.] | BOX MC1A |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YDISNROS | 1 |

BOX MC1A

BOX INSTRUCTIONS

IF MC2 - WHATWRNG = 1/EnrolledNewPlan, GO TO MC5 - PLAN_MHMOMCA.

ELSE GO TO HIMC16 - MHMOMORE.

MC3

Yes/No

QUESTION TEXT

In many Medicare Advantage Plans, such as HMOs or PPOs, the health plan gives the patient a list of doctors from which he chooses a primary care physician. This primary care physician provides the patient's usual medical care and can refer the patient to specialists, if necessary. (Do you/Does SP) have a primary care physician?

FIELD 1: PRIMPHYS**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|--------------|
| 1 | YES | BOX HIMC1 |
| 2 | NO | BOX HIMC1 |
| | Don't Know | BOX HIMC1 |
| | Refused | BOX HIMC1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PRIMPHYS | 1 |

MC4

Code 1

QUESTION TEXT

Is it possible that [your/(SP's)] current insurance plan is just another name for (CMS MEDICARE MANAGED CARE PLAN NAME), or are they not the same plans?

FIELD 1: SAMEPLAN**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|--------------------|--------------------|
| 1 | SAME PLANS | BOX HIMC1 |
| 2 | NOT THE SAME PLANS | MC5 - PLAN_MHMOMCA |
| | Don't Know | MC5 - PLAN_MHMOMCA |
| | Refused | MC5 - PLAN_MHMOMCA |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.SAMEPLAN | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

The status of the loaded CMS Medicare Managed Care plan may be set depending on response to MC4. When setting status of this plan, set PLRO variable on PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND=current round. See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|---|
| COVCURNT | If MC4 - SAMEPLAN=1/Yes, set PLRO.COVCURNT=1/Yes. Else set PLRO.COVCURNT=2/No. |

MC5

Roster

QUESTION TEXT

What is the name of the Medicare Advantage Plan that provides [your/(SP's)] health care?

SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.

FIELD 1: PLAN MHMOMCA**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------|
| 1 | [Continuous answer.] | BOX HIMC1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster except for the loaded CMS Medicare Managed Care Plan.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug Plans

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|-------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at MC5.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at MC5.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

The plan selected at MC5 is the SP's current Medicare Managed Care plan for the present round. To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| PLROPLAN | PLRO.PLROPLAN=PLAN.PLANNUM of PLAN selected. |
| PLRORND | PLRO.PLRORND=current round. |
| COVANYTM | Set PLRO.COVANYTM=1/Yes for plan selected at MC5. |
| COVCURNT | Set PLRO.COVCURNT=1/Yes for plan selected at MC5. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=5/MHMO. |

MC11

Code 1

QUESTION TEXT

Do you refer to [your/(SP's)] Medicare coverage by any name besides Medicare?

FIELD 1: REFERMED**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|---------------|---------------------|
| 1 | MEDICARE ONLY | BOX HIMC4 |
| 2 | OTHER NAME | MC12 - PLAN_MHMOMCB |
| | Don't Know | BOX HIMC4 |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.REFERMED | 1 |

MC12

Roster

QUESTION TEXT

What do you call [your/(SP's)] coverage?

SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.

FIELD 1: PLAN MHMOMCB**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------|
| 1 | [Continuous answer.] | BOX HIMC1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster except for the loaded CMS Medicare Managed Care Plan.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug Plans

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|-------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of plan selected at MC12.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at MC12.

PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM

PLAN.PLANRNDC

PLAN.PLANTYPE

PLAN.PLNAME

The plan selected at MC12 is the SP's current Medicare Managed Care plan for the present round. To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|--|
| PLROPLAN | PLRO.PLROPLAN=PLAN.PLANNUM of PLAN selected. |
| PLRORND | PLRO.PLRORND=current round. |
| COVANYTM | Set PLRO.COVANYTM=1/Yes for plan selected at MC12. |
| COVCURNT | Set PLRO.COVCURNT=1/Yes for plan selected at MC12. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=5/MHMO. |

HIMC1A

Yes/No

QUESTION TEXT

At the time of the last interview [you were/(SP) was] covered by (MEDICARE MANAGED CARE PLAN NAME).

[[Are you/Is (SP)] now covered by (MEDICARE MANAGED CARE PLAN NAME)?] [Was (SP) covered by (MEDICARE MANAGED CARE PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

FIELD 1: MHMOSAME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|--------------------|
| 1 | YES | BOX HIMC1 |
| 2 | NO | HIMC1B1 - YDISNROL |
| | Don't Know | HIMC1C - MHMOOTHR |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOSAME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

The Medicare Managed Care plan being asked about at HIMC1A was SP's current Medicare Managed Care plan at the time of the previous round interview. This also means that the SP was covered by this Medicare Managed Care plan for some time during the current round.

To set current round status of this plan, create a current round PLRO where PLRO.PLROPLAN = this PLAN.PLANNUM.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

Based on response to HIMC1A, HRND.MHMOSAME, set the status of this plan on the current round PLRO.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|--|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANNUM of MHMO current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |
| COVANYTM | Set PLRO.COVANYTM = 1/Yes. |
| COVCURNT | If HIMC1A - MHMOSAME = 1/Yes, set PLRO.COVCURNT=1/Yes. Else set PLRO.COVCURNT = 2/No. |

HIMC1B1

Code 1

QUESTION TEXT

What is the most important reason [you/(SP)] stopped the (MEDICARE MANAGED CARE PLAN NAME) coverage?

FIELD 1: YDISNROL**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--|--------------------|
| 1 | TOO EXPENSIVE OR COULDN'T AFFORD | HIMC1C - MHMOOTH |
| 2 | SP DISSATISFIED WITH QUALITY OF CARE | HIMC1C - MHMOOTH |
| 3 | TO GET RX COVERAGE IN ANOTHER PLAN | HIMC1C - MHMOOTH |
| 4 | TO GET BENEFIT COVERAGE OTHER THAN RX | HIMC1C - MHMOOTH |
| 5 | PLAN WENT OUT OF BUSINESS/STOPPED MEDICARE COVERAGE | HIMC1C - MHMOOTH |
| 6 | PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN | HIMC1C - MHMOOTH |
| 7 | DOCTOR LEFT PLAN/DIED/RETIRED | HIMC1C - MHMOOTH |
| 8 | DIFFICULTIES GETTING APPTS OR SEEING PARTICULAR PROVIDERS | HIMC1C - MHMOOTH |
| 9 | SP MOVED OUT OF PLAN AREA | HIMC1C - MHMOOTH |
| 10 | SP DIDN'T LIKE CHOICE OF DOCTORS | HIMC1C - MHMOOTH |
| 11 | SP WANTED CHOICE OF DOCTORS | HIMC1C - MHMOOTH |
| 91 | OTHER | HIMC1B1 - YDISNROS |

| Value | Label | Route |
|-------|------------|-------------------|
| | Don't Know | HIMC1C - MHMOOTHR |
| | Refused | HIMC1C - MHMOOTHR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YDISNROL | 1 |

FIELD 2: YDISNROS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | HIMC1C - MHMOOTHR |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YDISNROS | 1 |

HIMC1C

Yes/No

QUESTION TEXT

SHOW CARD HIMC1

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by any other Medicare Advantage Plans besides (MEDICARE MANAGED CARE PLAN)?

FIELD 1: MHMOOTHR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HIMC3 - MHMOCURR |
| 2 | NO | BOX HIMC4 |
| | Don't Know | BOX HIMC4 |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOOTHR | 1 |

HIMC1

Yes/No

QUESTION TEXT

(SHOW CARD HIMC1)

As you (may) know, Medicare allows beneficiaries in certain parts of the country to enroll in Medicare Advantage plans, such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations), to receive their Medicare-covered health care.

(Please look at this card.) At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION),] [have you/has (SP)/had (SP)] been enrolled in or covered by [any/(one of these/any)] Medicare Advantage plans?

FIELD 1: MHMOCOV**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HIMC3 - MHMOCURR |
| 2 | NO | BOX HIMC4 |
| | Don't Know | BOX HIMC4 |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOCOV | 1 |

HIMC3

Yes/No

QUESTION TEXT

[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Advantage Plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

FIELD 1: MHMOCURR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | YES | HIMC5 - PLAN_MHMO |
| 2 | NO | BOX HIMC2 |
| | Don't Know | BOX HIMC2 |
| | Refused | BOX HIMC2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOCURR | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HIMC3 is also called from ST, NS, CPS when a Medicare Managed Care Plan is added at the Source of Payment roster and SP has not already reported a current Medicare Managed Care Plan.

HIMC5

Roster

QUESTION TEXT

[What is the name of the Medicare Advantage Plan that (currently covers/covered) [you/(SP)]
[on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?]

SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER.

FIELD 1: PLAN MHMO**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------|
| 1 | [Continuous answer.] | BOX HIMC1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care plan if "current" at the time of the previous round interview

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug Plans

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|-----------------|---------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of plan selected at HIMC5.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HIMC5.

PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM

PLAN.PLANRNDC

PLAN.PLANTYPE

PLAN.PLNAME

The plan selected at HIMC5 is the SP's current Medicare Managed Care plan for the present round. To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|---|
| COVANYTM | Set PLRO.COVANYTM=1/Yes for plan selected at HIMC5. |
| COVCURNT | Set PLRO.COVCURNT=1/Yes for plan selected at HIMC5. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=5/MHMO. |

DESIGN NOTES

HIMC5 is called from ST, NS, CPS when a Medicare Managed Care Plan is added at the Source of Payment roster and SP has already reported a current Medicare Managed Care plan but has now reported a change regarding which Medicare Managed Care plan is current.

BOX HIMC1

BOX INSTRUCTIONS

THIS PLAN IS THE SP'S CURRENT MEDICARE MANAGED CARE PLAN

GO TO HIMC6 - MHMORX.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

The PLAN directed to BOX HIMC1 is the SP's current Medicare Managed Care plan this round.

DESIGN NOTES

If Supplemental Case and PLAN currently being asked about is the loaded CMS plan, this plan is considered "NEW" (PLAN.PLANRNDC=52) and should route to HIMC6.

HIMC6

Yes/No

QUESTION TEXT

[Do you/Does (SP)/Did (SP)] have prescribed medicine coverage through (CURRENT MEDICARE MANAGED CARE PLAN)?

[PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has/(SP) personally had], not what the plan offers everyone.]

FIELD 1: MHMORX**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|--------------|
| 1 | YES | BOX HIMC1CC1 |
| 2 | NO | BOX HIMC1CC1 |
| | Don't Know | BOX HIMC1CC1 |
| | Refused | BOX HIMC1CC1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMORX | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HIMC6 is call from ST, NS, CPS when a new Medicare HMO is added to the SOP roster that is the SP's current MHMO.

BOX HIMC1CC1

BOX INSTRUCTIONS

IF (THIS MEDICARE MANAGED CARE PLAN IS NEW OR HAS BEEN "RESTARTED"), GO TO HIMC7 - MHMODENT.

ELSE GO TO BOX HIMC2.

HIMC7

Yes/No

QUESTION TEXT

[Do you/Does (SP)/Did (SP)] have dental coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME)?

FIELD 1: MHMODENT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | HIMC8 - MHMOEYE |
| 2 | NO | HIMC8 - MHMOEYE |
| | Don't Know | HIMC8 - MHMOEYE |
| | Refused | HIMC8 - MHMOEYE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMODENT | 1 |

HIMC8

Yes/No

QUESTION TEXT

[Do you/Does (SP)/Did (SP)] have optical coverage through (CURRENT MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses?

FIELD 1: MHMOEYE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HIMC9 - MHMOPCAR |
| 2 | NO | HIMC9 - MHMOPCAR |
| | Don't Know | HIMC9 - MHMOPCAR |
| | Refused | HIMC9 - MHMOPCAR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOEYE | 1 |

HIMC9

Yes/No

QUESTION TEXT

[Do you/Does (SP)/Did (SP)] have coverage for preventive care such as routine annual physicals through (CURRENT MEDICARE MANAGED CARE PLAN NAME)?

FIELD 1: MHMOPCAR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | HIMC10 - MHMONH |
| 2 | NO | HIMC10 - MHMONH |
| | Don't Know | HIMC10 - MHMONH |
| | Refused | HIMC10 - MHMONH |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOPCAR | 1 |

HIMC10

Yes/No

QUESTION TEXT

[Does your/Does (SP's)/Did (SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care over and beyond what Medicare normally covers?

[EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2010, the first 20 days are paid in full and the next 80 days require a copayment of up to \$137.50 per day.]

FIELD 1: MHMONH**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|------------------|
| 1 | YES | HIMC11 - MHMOPAY |
| 2 | NO | HIMC11 - MHMOPAY |
| | Don't Know | HIMC11 - MHMOPAY |
| | Refused | HIMC11 - MHMOPAY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.MHMONH | 1 |

HIMC11

Yes/No

QUESTION TEXT

Besides the cost of [your/(SP's)] Medicare Part B premium, (is/was) there an additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may (pay/have paid) as a co-payment for an office visit or a prescribed medicine.

[EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.]

FIELD 1: MHMOPAY**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|------------------|
| 1 | YES | HIMC12 - MHMOAMT |
| 2 | NO | BOX HIMC2 |
| | Don't Know | BOX HIMC2 |
| | Refused | BOX HIMC2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.MHMOPAY | 1 |

HIMC12

Quantity Unit Hybrid

QUESTION TEXT

Not including the cost of [your/(SP's)] Medicare Part B premium, what (is/was) the additional amount that [you pay/(SP) pays/(SP) paid] for (your/his/her) (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may (be/have been) paid for anyone other than [you/(SP)].]

[PROBE IF NECESSARY: Is that per year, per month, per week, or what?]

FIELD 1: MHMOAMT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|--------------------|
| 1 | [Continuous answer.] | HIMC12 - MHMOUNIT |
| | Don't Know | HIMC12A - MHMOCOST |
| | Refused | HIMC12A - MHMOCOST |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOAMT | 1 |

FIELD 2: MHMOUNIT

FIELD 2 ROUTING

| Value | Label | Route |
|-------|--------------------------|--------------------|
| 1 | PER YEAR | HIMC12A - MHMOCOST |
| 2 | QUARTERLY/EVERY 3 MONTHS | HIMC12A - MHMOCOST |
| 3 | BIMONTHLY/EVERY 2 MONTHS | HIMC12A - MHMOCOST |
| 4 | PER MONTH | HIMC12A - MHMOCOST |

| Value | Label | Route |
|-------|--------------------------------|--------------------|
| 5 | PER WEEK | HIMC12A - MHMOCOST |
| 6 | SEMI-ANNUALLY/2 TIMES PER YEAR | HIMC12A - MHMOCOST |
| 7 | SEMI-MONTHLY/2 TIMES PER MONTH | HIMC12A - MHMOCOST |
| 91 | OTHER | HIMC12 - MHMOUNOS |
| | Don't Know | HIMC12A - MHMOCOST |
| | Refused | HIMC12A - MHMOCOST |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOUNIT | 1 |

FIELD 3: MHMOUNOS

OTHER (SPECIFY)

FIELD 3 ROUTING

| Value | Label | Route |
|-------|----------------------|--------------------|
| 1 | [Continuous answer.] | HIMC12A - MHMOCOST |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOUNOS | 1 |

HIMC12A

Yes/No

QUESTION TEXT

(Does/Did) anyone else, such as an employer, a union or professional organization pay all or some portion of the additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage?

FIELD 1: MHMOCOST

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | YES | HIMC12B - MHMOWHO |
| 2 | NO | BOX HIMC2 |
| | Don't Know | BOX HIMC2 |
| | Refused | BOX HIMC2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOCOST | 1 |

HIMC12B

Code 1

QUESTION TEXT

Who else (pays/paid) all or some portion of the additional cost for [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN NAME) coverage?

FIELD 1: MHMOWHO**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|-------------------------------------|--------------------|
| 1 | [(SP's)/(MIP's)] CURRENT EMPLOYER | BOX HIMC2 |
| 2 | (SP's/MIP's) FORMER EMPLOYER | BOX HIMC2 |
| 3 | (SP's/MIP's) UNION | BOX HIMC2 |
| 4 | SPOUSE'S CURRENT EMPLOYER | BOX HIMC2 |
| 5 | SPOUSE'S FORMER EMPLOYER | BOX HIMC2 |
| 6 | PROFESSIONAL/FRATERNAL ORGANIZATION | BOX HIMC2 |
| 7 | MEDICAID/MEDICAL ASSISTANCE | BOX HIMC2 |
| 91 | OTHER | HIMC12B - MHMOWHOS |
| | Don't Know | BOX HIMC2 |
| | Refused | BOX HIMC2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOWHO | 1 |

FIELD 2: MHMOWHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|--------------|----------------------|--------------|
| 1 | [Continuous answer.] | BOX HIMC2 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.MHMOWHOS | 1 |

BOX HIMC2

BOX INSTRUCTIONS

IF ADMINISTERING ST, GO TO BOX ST69A.

ELSE IF ADMINISTERING NS, GO TO BOX NS69A.

ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A.

ELSE IF HIMC1A - MHMOSAME = 1/Yes, GO TO BOX HIMC4.

ELSE IF HIMC3 - MHMOCURR = 2/No, DK OR RF, GO TO HIMC17 - PLAN_MHMOOTHER.

ELSE GO TO HIMC16 - MHMOMORE.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If administering ST, NS, CPS, you have completed the Medicare Managed Care Plan detail questions for the Medicare Managed Care plan added at the Source of Payment roster. Return to the section being administered as specified above.

HIMC16

Yes/No

QUESTION TEXT

SHOW CARD HIMC1

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Advantage Plans besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN)?

FIELD 1: MHMOMORE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-------------------------|
| 1 | YES | HIMC17 - PLAN_MHMOOTHER |
| 2 | NO | BOX HIMC4 |
| | Don't Know | BOX HIMC4 |
| | Refused | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOMORE | 1 |

HIMC17

Roster

QUESTION TEXT

[Besides (MEDICARE MANAGED CARE PLAN and MEDICARE MANAGED CARE PLAN), what other/What] Medicare Advantage Plans provided [your/(SP's)] health care since (REFERENCE DATE)?

SELECT OR ADD MEDICARE ADVANTAGE PLAN NAMES AT THIS ROSTER.

FIELD 1: PLAN MHMOOTHER**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------|
| 1 | [Continuous answer.] | BOX HIMC4 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care plan if "current" at the time of the previous round interview

Medicare Managed Care plan if reported "current" in the current round.

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug Plans

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|-------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of plan selected at HIMC17.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HIMC17.

PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM

PLAN.PLANRNDC

PLAN.PLANTYPE

PLAN.PLNAME

Plans selected at HIMC17 are Medicare Managed Care plans that the SP was enrolled in for some time in the current round but are not the SP's current Medicare Managed Care plan.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| COVANYTM | Set PLRO.COVANYTM = 1/Yes for all plan selected at HIMC17. |
| COVCURNT | Set PLRO.COVCURNT = 2/No for all plan selected at HIMC17. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=5/MHMO. |

BOX HIMC4

BOX INSTRUCTIONS

IF FALL ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP HAS A MEDICARE MANAGED CARE PLAN THAT IS "CURRENT"), GO TO HIMC19 - RECMHMO.

ELSE GO TO BOX HI1.

HIMC19

Yes/No

QUESTION TEXT

Would you recommend (CURRENT MEDICARE MANAGED CARE PLAN NAME) to your family or friends?

FIELD 1: RECMHMO

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------|
| 1 | YES | BOX HIMC5 |
| 2 | NO | BOX HIMC5 |
| | Don't Know | BOX HIMC5 |
| | Refused | BOX HIMC5 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.RECMHMO | 1 |

BOX HIMC5

BOX INSTRUCTIONS

IF (SP HAS A MEDICARE MANAGED CARE PLAN THAT IS "CURRENT") AND (THE NUMBER OF YEARS THE SP WAS COVERED BY A MANAGED CARE PLAN HAS NEVER BEEN COLLECTED), GO TO HIMC24 - HMONUMYR.

ELSE GO TO BOX HI1.

HIMC24

Numeric

QUESTION TEXT

How many years [have you/has (SP)] been enrolled in a managed care plan?

FIELD 1: HMONUMYR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | HIMC24 - HMONUM96 |
| | Empty | HIMC24 - HMONUM96 |
| | Don't Know | HIMC24 - HMONUM96 |
| | Refused | HIMC24 - HMONUM96 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.HMONUMYR | 1 |

FIELD 2: HMONUM96**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|--------------------|---------|
| 1 | LESS THAN ONE YEAR | BOX HI1 |
| | Empty | BOX HI1 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---|------------------------|
| NONE If HMONUM96 = 1/LessThanYear, set Cheshire field ACCS.HMONUMYR = 96 during data transformation. | 1 |

BOX HI1

BOX INSTRUCTIONS

IF A MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI6 - COVTIME.

ELSE GO TO HI5INTRO - MCAIDINT.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If Medicaid was current at the time of the previous round interview, then the SP was also covered by Medicaid for some time during the current round.

If Medicaid was current at the time of the previous round interview, current round plan details will be collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of Medicaid plan.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of Medicaid plan.
PLRO.PLRORND = current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|--|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANNUM of Medicaid Plan current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |

HI5INTRO

No Entry

QUESTION TEXT

SHOW CARD HI3

PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:

Medicaid (, also known as [READ FROM ABOVE],) is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this.

FIELD 1: MCAIDINT

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|----------|
| 1 | CONTINUE | BOX HI1B |
| | Empty | BOX HI1B |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

BOX HI1B

BOX INSTRUCTIONS

IF STATE IN WHICH SP LIVES DOES NOT OFFER A MEDICAID MANAGED CARE PLAN,
GO TO HI5 - AIDCOVER.

ELSE GO TO HI5INTRB - MCAIDINTB.

HI5INTRB

No Entry

QUESTION TEXT

SHOW CARD HI4

Some people receive their Medicaid benefits from plans that have names like those listed on this card.

FIELD 1: MCAIDINTB

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------|----------------|
| 1 | CONTINUE | HI5 - AIDCOVER |
| | Empty | HI5 - AIDCOVER |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

HI5

Yes/No

QUESTION TEXT

At any time [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by Medicaid?

FIELD 1: AIDCOVER

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------------|
| 1 | YES | HI6 - COVTIME |
| 2 | NO | BOX HIT1 |
| | Don't Know | BOX HIT1 |
| | Refused | BOX HIT1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.AIDCOVER | 1 |

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

HI5 is asking if SP was covered by Medicaid anytime since the previous round interview date.

If AIDCOVER=1/Yes, then

If there is a PLAN where PLAN.PLANTYPE=2/Medicaid, regardless if PLAN.PLANDFLG=1/Yes or LOSEPLFG ^= empty, this stopped Medicaid plan will be restarted. See detailed instructions below.

Else if there is no PLAN where PLAN.PLANTYPE=2/Medicaid, create a new PLAN where PLAN.PLANNUM equals the next sequential plan number.

PLAN KEY= PLAN.PLANBASE + PLAN.PLANNUM.

To set current round status of this plan, create a current round PLRO where PLRO.PLROPLAN = this PLAN.PLANNUM.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|---|
| PLANNUM | If creating new plan, set PLAN.PLANNUM = highest PLAN.PLANNUM + 01. |
| PLANRNDC | If creating new plan, set PLAN.PLANRNDC = current round. |
| PLANTYPE | If creating a new plan, set PLAN.PLANTYPE = 2/Medicaid. |
| PLNAME | If creating a new plan, set PLAN.PLNAME = "MEDICAID". |
| PLANDFLG | If restarting an existing Medicaid plan and PLAN.PLANDFLG=1/Yes, update PLAN.PLANDFLG = empty (-1). |
| LOSEPLFG | If restarting an existing Medicaid plan and PLAN.LOSEPLFG ^= empty (-1), update PLAN.LOSEPLFG = empty (-1). |
| PLROPLAN | PLRO.PLROPLAN = this PLAN.PLANNUM. |
| PLRORND | PLRO.PLRORND=current round. |

HI6

Code 1

QUESTION TEXT

(At the time of the last interview [you were/(SP) was] covered by Medicaid, (also known as [READ FROM ABOVE].) [Were you/Was (SP)] covered by Medicaid the whole time between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

FIELD 1: COVTIME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------------|--------------|
| 1 | THE WHOLE TIME | BOX HI5A |
| 2 | PART OF THE TIME | HI7 - COVNOW |
| | Don't Know | HI7 - COVNOW |
| | Refused | HI7 - COVNOW |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVTIME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HI6 is called from ST, NS, CPS when a Medicaid plan is added at the Source of Payment roster.

HI7

Yes/No

QUESTION TEXT

[[Are you/Is (SP)] now covered by Medicaid?] [Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

FIELD 1: COVNOW

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | BOX HI4 |
| 2 | NO | HI9 - COVENDMM |
| | Don't Know | BOX HI5A |
| | Refused | HI10A - MCAIDHMO |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVNOW | 1 |

BOX HI4

BOX INSTRUCTIONS

IF THIS MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO BOX HI5A.

ELSE GO TO HI8 - COVBEGMM.

HI8

Date

QUESTION TEXT

On what date did [your/(SP's)] Medicaid start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

FIELD 1: COVBEGMM

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|----------------|
| 1 | [Continuous answer.] | HI8 - COVBEGDD |
| | Don't Know | HI8 - COVBEGDD |
| | Refused | HI8 - COVBEGDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GMM | 1 |

FIELD 2: COVBEGDD

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|----------------|
| 1 | [Continuous answer.] | HI8 - COVBEGYY |
| | Don't Know | HI8 - COVBEGYY |
| | Refused | HI8 - COVBEGYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GDD | 1 |

FIELD 3: COVBEGYY**FIELD 3 ROUTING**

| Value | Label | Route |
|--------------|----------------------|--------------|
| 1 | [Continuous answer.] | BOX HI5A |
| | Don't Know | BOX HI5A |
| | Refused | BOX HI5A |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVBEYY | 1 |

BOX HI5A

BOX INSTRUCTIONS

GO TO HI10A - MCAIDHMO.

HI9

Date

QUESTION TEXT

On what date [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], did [your/(SP's)] Medicaid coverage (most recently/last) stop?

FIELD 1: COVENDMM

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|----------------|
| 1 | [Continuous answer.] | HI9 - COVENDDD |
| | Don't Know | HI9 - COVENDDD |
| | Refused | HI9 - COVENDDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVENDMM | 1 |

FIELD 2: COVENDDD

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|----------------|
| 1 | [Continuous answer.] | HI9 - COVENDYY |
| | Don't Know | HI9 - COVENDYY |
| | Refused | HI9 - COVENDYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDDD | 1 |

FIELD 3: COVENDYY

FIELD 3 ROUTING

| Value | Label | Route |
|--------------|----------------------|------------------|
| 1 | [Continuous answer.] | HI10A - MCAIDHMO |
| | Don't Know | HI10A - MCAIDHMO |
| | Refused | HI10A - MCAIDHMO |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDYY | 1 |

HI10A

Yes/No

QUESTION TEXT

[Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries.] [At the time of the last interview [you were/(SP) was] enrolled in a Medicaid Managed Care Plan.] [Are you now/Is (SP) now/Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan [as of (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(MEDICAID COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]?

FIELD 1: MCAIDHMO

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------|
| 1 | YES | BOX HI5B |
| 2 | NO | BOX HI5C |
| | Don't Know | BOX HI5D |
| | Refused | BOX HI5D |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MCAIDHMO | 1 |

BOX HI5B

BOX INSTRUCTIONS

IF (SP REPORTED THIS MEDICAID PLAN WAS A MEDICAID MANAGED CARE PLAN IN THE PREVIOUS ROUND) AND (THIS MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO BOX HI5D.

ELSE GO TO HI10B - CHOICHMO.

BOX HI5C

BOX INSTRUCTIONS

IF (SP REPORTED THIS MEDICAID PLAN WAS A MEDICAID MANAGED CARE PLAN IN THE PREVIOUS ROUND) AND (THIS MEDICAID PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW) AND (HI6 - COVTIME=1/WholeTime), GO TO HI10C - MCAIDVB.

ELSE GO TO BOX HI5D.

HI10B

Code 1

QUESTION TEXT

As far as you can recall, [were you/was (SP)] given a choice to enroll in a Medicaid Managed Care Plan, or did (you/he/she) have to enroll to receive Medicaid benefits?

FIELD 1: CHOICHMO

FIELD 1 ROUTING

| Value | Label | Route |
|--------------|--------------------------|--------------|
| 1 | GIVEN A CHOICE TO ENROLL | BOX HI5D |
| 2 | HAD TO ENROLL | BOX HI5D |
| 3 | DOESN'T REMEMBER | BOX HI5D |
| | Refused | BOX HI5D |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.CHOICHMO | 1 |

HI10C

Verbatim Text

QUESTION TEXT

Why [do you/does (SP)] no longer receive (your/his/her) Medicaid benefits through a managed care plan?

RECORD VERBATIM.

FIELD 1: MCAIDVB

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|----------|
| 1 | [Continuous answer.] | BOX HI5D |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---|-----------------|
| NONE REPLACES CHESHIRE VARIABLES: PLRO.MCAIDVB1 PLRO.MCAIDVB2 PLRO.MCAIDVB3 | 1 |

BOX HI5D

BOX INSTRUCTIONS

IF ((ADMINISTERING ST, NS OR CPS) AND SP WAS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND) OR (ADMINISTERING HI AND THERE WAS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO BOX HIT1.

ELSE IF (ADMINISTERING ST, NS OR CPS) AND SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND, GO TO HI10D - MCDRXCOV.

ELSE GO TO HI10C1 - MPDCOVER.

HI10C1

Yes/No

QUESTION TEXT

(Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Medicare Prescription Drug plan, although the beneficiary may choose to switch to a different prescription plan.)

At any time [since (REFERENCE DATE)/between (REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you been/has (SP) been/was (SP)] enrolled in a Medicare Prescription Drug plan that (covers/covered) medicines prescribed by a doctor?

FIELD 1: MPDCOVER

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HI10C2 - PDPCURR |
| 2 | NO | HI10D - MCDRXCOV |
| | Don't Know | HI10D - MCDRXCOV |
| | Refused | HI10D - MCDRXCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MPDCOVER | 1 |

HI10C2

Yes/No

QUESTION TEXT

[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

FIELD 1: PDPCURR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------------------------|
| 1 | YES | HI10C3 - PLAN_CAIDMPDP |
| 2 | NO | HI10C5 - PLAN_CAIDMPDPOTHR |
| | Don't Know | HI10C5 - PLAN_CAIDMPDPOTHR |
| | Refused | HI10C5 - PLAN_CAIDMPDPOTHR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.PDPCURR | 1 |

HI10C3

Roster

QUESTION TEXT

[What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)]?]

SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.

FIELD 1: PLAN CAIDMPDP**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|------------------|
| 1 | [Continuous answer.] | HI10C4 - PDPMORE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care Plans

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug plan if "current" at the time of the previous round interview

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|-----------------|---------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at HI10C3.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI10C3.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

The plan selected at HI10C3 is the SP's current Medicare Prescription Drug plan for the current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| COVANYTM | Set PLRO.COVANYTM=1/Yes for plan selected at HI10C3. |
| COVCURNT | Set PLRO.COVCURNT=1/Yes for plan selected at HI10C3. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=7/MPDP. |

HI10C4

Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)?

[PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any (you/he/she) enrolled in on (your/his/her) own.]

FIELD 1: PDPMORE**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|----------------------------|
| 1 | YES | HI10C5 - PLAN_CAIDMPDPOTHR |
| 2 | NO | BOX HIT1 |
| | Don't Know | BOX HIT1 |
| | Refused | BOX HIT1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PDPMORE | 1 |

HI10C5

Roster

QUESTION TEXT

Please tell me the names of (the other/all) Medicare Prescription Drug plans that (you have/he has/she has) been enrolled in since (REFERENCE DATE) [besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)].

[PROBE IF NECESSARY: Please include Medicare Prescription Drug plans [you were/(SP) was] automatically enrolled in through Medicaid as well as any (you/he/she) enrolled in on (your/his/her) own.]

SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER.

FIELD 1: PLAN CAIDMPDPOTHR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|----------|
| 1 | [Continuous answer.] | BOX HIT1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care Plans

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug plan if "current" at the time of the previous round interview

Medicare Prescription Drug plan if "current" in the current round

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|-------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of plan selected at HI10C5.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI10C5.

PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM

PLAN.PLANRNDC

PLAN.PLANTYPE

PLAN.PLNAME

Plans selected at HI10C5 are Medicare Prescription Drug plans that the SP was enrolled in for some time in the current round but are not the SP's current Medicare Prescription Drug plan.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|--|
| COVANYTM | Set PLRO.COVANYTM = 1/Yes for all plan selected at HI10C5. |
| COVCURNT | Set PLRO.COVCURNT = 2/No for all plan selected at HI10C5. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=7/MPDP. |

HI10D

Yes/No

QUESTION TEXT

(Does/Did) [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor?

FIELD 1: MCDRXCOV

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------|
| 1 | YES | BOX HIT1 |
| 2 | NO | BOX HIT1 |
| | Don't Know | BOX HIT1 |
| | Refused | BOX HIT1 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MCDRXCOV | 1 |

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

HI10D is a plan detail for the SP's Medicaid plan.

BOX HIT1

BOX INSTRUCTIONS

IF ADMINISTERING ST, GO TO BOX ST69A.

ELSE IF ADMINISTERING NS, GO TO BOX NS69A.

ELSE IF ADMINISTERIGN CPS, GO TO BOX CPS29A.

ELSE IF A TRICARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIT2 - COVTIME.

ELSE GO TO HIT1 - TRICOVER.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If Tricare was current at the time of the previous round interview, then the SP was also covered by Tricare for some time during the current round.

If Tricare was current at the time of the previous round interview, current round plan details will be collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANUM = Number of Tricare plan.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANUM of Tricare plan.
PLRO.PLRORND = current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANUM and PLRO.PLRORND = current round.

See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|--|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANUM of Tricare Plan current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |

DESIGN NOTES

If administering ST, NS, CPS, you have completed the Medicaid detail questions for the Medicaid plan added at the Source of Payment roster. Return to the section being administered as specified above.

HIT1

Yes/No

QUESTION TEXT

SHOW CARD HIT1

As you (may) know, the Department of Defense sponsors a regionally managed health care program called TRICARE for active duty and retired members of the uniformed Armed Forces, their families, and survivors.

Please look at this card. At any time [since (REFERENCE DATE)/ between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] enrolled in or covered by any of these TRICARE plans?

[EXPLAIN IF NECESSARY: You may have received a reference card that looks like this (BACK OF SHOWCARD HIT1).]

FIELD 1: TRICOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|----------------|
| 1 | YES | HIT2 - COVTIME |
| 2 | NO | BOX HIT3 |
| | Don't Know | BOX HIT3 |
| | Refused | BOX HIT3 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.TRICOVER | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

HIT1 is asking if SP was covered by Tricare anytime since the previous round interview date.

If TRICOVER=1/Yes, then

If there is a PLAN where PLAN.PLANTYPE=6/Tricare, regardless if PLAN.PLANDFLG=1/Yes or LOSEPLFG ^= empty, this stopped Tricare plan will be restarted. See detailed instructions below.

Else if there is no PLAN where PLAN.PLANTYPE=6/Tricare, create a new PLAN where PLAN.PLANNUM equals the next sequential plan number.

PLAN KEY= PLAN.PLANBASE + PLAN.PLANNUM.

To set current round status of this plan, create a current round PLRO where PLRO.PLROPLAN = this PLAN.PLANNUM.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|--|
| PLANNUM | If creating new plan, set PLAN.PLANNUM = highest PLAN.PLANNUM + 01. |
| PLANRNDC | If creating new plan, set PLAN.PLANRNDC = current round. |
| PLANTYPE | If creating a new plan, set PLAN.PLANTYPE = 6/Tricare. |
| PLNAME | If creating a new plan, set PLAN.PLNAME = "TRICARE". |
| PLANDFLG | If restarting an existing Tricare plan and PLAN.PLANDFLG=1/Yes, update PLAN.PLANDFLG = empty (-1). |
| LOSEPLFG | If restarting an existing Tricare plan and PLAN.LOSEPLFG ^= empty (-1), update PLAN.LOSEPLFG = empty (-1). |
| PLROPLAN | PLRO.PLROPLAN = this PLAN.PLANNUM. |
| PLRORND | PLRO.PLRORND = current round. |

HIT2

Code 1

QUESTION TEXT

[At the time of the last interview [you were/(SP) was] covered by TRICARE.] [Were you/Was (SP)] covered by TRICARE the whole time between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

FIELD 1: COVTIME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------------|-----------------|
| 1 | THE WHOLE TIME | HIT4 - TRIRXCOV |
| 2 | PART OF THE TIME | HIT3 - COVNOW |
| | Don't Know | HIT3 - COVNOW |
| | Refused | HIT3 - COVNOW |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVTIME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HIT2 is called from ST, NS, CPS if Tricare was added at the Source of Payment roster.

HIT3

Yes/No

QUESTION TEXT

[[Are you/Is (SP)] now covered by TRICARE?] [Was (SP) covered by TRICARE on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION?)

FIELD 1: COVNOW**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-----------------|
| 1 | YES | HIT4 - TRIRXCOV |
| 2 | NO | HIT4 - TRIRXCOV |
| | Don't Know | HIT4 - TRIRXCOV |
| | Refused | HIT4 - TRIRXCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVNOW | 1 |

HIT4

Yes/No

QUESTION TEXT

(Does/Did) [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor?

[PROBE: I am asking about the type of insurance coverage that [you personally have/(SP) personally has], not what the plan offers everyone.]

FIELD 1: TRIRXCOV**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|------------------|
| 1 | YES | HIT4A1 - TRIMEDS |
| 2 | NO | BOX HIT3 |
| | Don't Know | BOX HIT3 |
| | Refused | BOX HIT3 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.TRIRXCOV | 1 |

HIT4A1

Code 1

QUESTION TEXT

SHOW CARD HIT2

Where [do you/does (SP)/did you/did (SP)] usually obtain (your/his/her) medicines? [Do you/Does (SP)/Did you/Did (SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else?

FIELD 1: TRIMEDS**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|---|-------------------|
| 1 | A TRICARE MAIL ORDER PHARMACY (TMOP) | BOX HIT3 |
| 2 | A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRX) | BOX HIT3 |
| 3 | A MILITARY TREATMENT FACILITY PHARMACY (MTF) | BOX HIT3 |
| 4 | A NON-NETWORK RETAIL PHARMACY | BOX HIT3 |
| 91 | SOMEWHERE ELSE | HIT4A1 - TRIMEDOS |
| | Don't Know | BOX HIT3 |
| | Refused | BOX HIT3 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.TRIMEDS | 1 |

FIELD 2: TRIMEDOS

SOMEWHERE ELSE (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|--------------|----------------------|--------------|
| 1 | [Continuous answer.] | BOX HIT3 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.TRIMEDOS | 1 |

BOX HIT3

BOX INSTRUCTIONS

IF ADMINISTERING ST, GO TO BOX ST69A.

ELSE IF ADMINISTERING NS, GO TO BOX NS69A.

ELSE IF ADMINISTERING CPS, GO BOX CPS29A.

ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO BOX HI7.

ELSE IF ((SP DID NOT REPORT RECEIVING HEALTH CARE SERVICES FROM M.T.F IN THE PREVIOUS ROUND) AND ((SP WAS COVERED BY TRICARE IN THE CURRENT OR PREVIOUS ROUND) OR (SP SERVED IN THE ARMED FORCES)), GO TO HIT11 - MTFCOVER.

ELSE GO TO BOX HI20.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If HRND.MTFCOVER=1/Yes in the previous round, the interviewer will not ask HIT11 in the current round. However, the response from the previous round will get copied to the current round HRND. See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|---|
| MTFCOVER | If previous round HRND.MTFCOVER=1/Yes, set current round HRND.MTFCOVER=1/Yes. |

DESIGN NOTES

If administering ST, NS, CPS, you have completed the Tricare detail questions for the Tricare plan added at the Source of Payment roster. Return to the section being administered as specified above.

HIT11

Yes/No

QUESTION TEXT

[We recorded that [you/(SP)] served in the Armed Forces of the United States.] Since (REFERENCE DATE), [have you/has (SP) received/did (SP) receive] health care or health services or prescribed medicines at a Military Treatment Facility or MTF?

[EXPLAIN IF NECESSARY: A Military Treatment Facility is any military hospital, clinic, or NAVCARE clinic.]

FIELD 1: MTFCOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|--------------|
| 1 | YES | BOX HI20 |
| 2 | NO | BOX HI20 |
| | Don't Know | BOX HI20 |
| | Refused | BOX HI20 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.MTFCOVER | 1 |

BOX HI20

BOX INSTRUCTIONS

IF (SP DID NOT REPORT RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE PREVIOUS ROUND) AND (SP SERVED IN THE ARMED FORCES), GO TO HI36 - VACOVER.

ELSE GO TO BOX HI7.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If HRND.VACOVER=1/Yes in the previous round, the interviewer will not ask HI36 in the current round. However, the response from the previous round will get copied to the current round HRND. See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|---|
| VACOVER | If previous round HRND.VACOVER=1/Yes, set current round HRND.VACOVER=1/Yes. |

HI36

Yes/No

QUESTION TEXT

[We recorded that [you/(SP)] served in the Armed Forces of the United States.] Since (REFERENCE DATE), [have you/has (SP) received/did (SP) receive] health care or health services or prescribed medicines through the Department of Veterans Affairs or V.A.?

FIELD 1: VACOVER

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------|
| 1 | YES | BOX HI7 |
| 2 | NO | BOX HI7 |
| | Don't Know | BOX HI7 |
| | Refused | BOX HI7 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.VACOVER | 1 |

BOX HI7

BOX INSTRUCTIONS

IF AT LEAST ONE PUBLIC PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI11PREV - PUBINTRO.

ELSE GO TO HI11 - PUBCOVER.

HI11PREV

No Entry

QUESTION TEXT

The next questions are about public plans [you were/(SP) was] covered by as of (REFERENCE DATE).

FIELD 1: PUBINTRO**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-------------------------|
| 1 | CONTINUE | HI11PREV_IN - NAVIGATOR |
| | Empty | HI11PREV_IN - NAVIGATOR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| TEMP | 1 |

HI11PREV_IN

Instance Navigator

FIELD 1: NAVIGATOR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|-------------------------------------|-----------------|
| 1 | ITEM SELECTED IN INSTANCE NAVIGATOR | BOX HI7A |
| 2 | CONTINUE INTERVIEW SELECTED | HI11 - PUBCOVER |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of public plan being asked about from the previous round.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of public plan being asked about from the previous round.

PLRO.PLRORND = current round.

BOX HI7A

BOX INSTRUCTIONS

CREATE CURRENT ROUND PLRO FOR PUBLIC PLAN

GO TO HI13 - COVTIME.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If Public plan was current at the time of the previous round interview, then the SP was also covered by the Public plan for some time during the current round.

Create a current round PLRO to store the status of this public plan in the current round.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|--|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANNUM of Public Plan current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |

HI11

Yes/No

QUESTION TEXT

At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by any public program other than Medicaid that pays for medical care [for example, a public program that pays for prescribed medicines/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for prescribed medicines/ for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM1) or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2)/for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM1), (STATE PHARMACEUTICAL ASSISTANCE PROGRAM2), or (STATE PHARMACEUTICAL ASSISTANCE PROGRAM3), public programs that pay for prescribed medicines]?

FIELD 1: PUBCOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|--------------------|
| 1 | YES | HI12 - PLAN_PUBLIC |
| 2 | NO | BOX HI12AA |
| | Don't Know | BOX HI12AA |
| | Refused | BOX HI12AA |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PUBCOVER | 1 |

HI12

Roster

QUESTION TEXT

What is the name of each of the public programs other than Medicaid that covered [you/(SP)]?

SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER.

FIELD 1: PLAN PUBLIC

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|---------------------|
| 1 | [Continuous answer.] | HI12_IN - NAVIGATOR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare

Medicare Managed Care plans.

Medicaid

Tricare

Private plans

Public plans that SP has already reported being covered by during the current round, this includes plans that are current or have stopped in current round.

Medicare Prescription Drug Plans

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|-------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at HI12.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI12.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

Plans selected at HI12 are Public plans that the SP was enrolled in for some time in the current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|------------------------------------|
| PLROPLAN | PLRO.PLROPLAN = this PLAN.PLANNUM. |
| PLRORND | PLRO.PLRORND=current round. |

HI12_IN

Instance Navigator

FIELD 1: NAVIGATOR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|-------------------------------------|----------------|
| 1 | ITEM SELECTED IN INSTANCE NAVIGATOR | HI13 - COVTIME |
| 2 | CONTINUE INTERVIEW SELECTED | BOX HI12AA |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
 PLAN.PLANNUM = Number of plan selected at HI12.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
 PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI12.
 PLRO.PLRORND = current round.

HI13

Code 1

QUESTION TEXT

[At the time of the last interview [you were/(SP) was] covered by (PUBLIC PLAN NAME).]
 [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between
 (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or
 only part of the time?

FIELD 1: COVTIME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------------|------------------|
| 1 | THE WHOLE TIME | HI16A - PUBRXCOV |
| 2 | PART OF THE TIME | HI14 - COVNOW |
| | Don't Know | HI14 - COVNOW |
| | Refused | HI14 - COVNOW |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVTIME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HI13 is called from ST, NS, CPS when a public plan is added at the Source of Payment roster.

HI14

Yes/No

QUESTION TEXT

[[Are you/Is (SP)] now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

FIELD 1: COVNOW

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | BOX HI10 |
| 2 | NO | HI16 - COVENDMM |
| | Don't Know | HI16A - PUBRXCOV |
| | Refused | HI16A - PUBRXCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVNOW | 1 |

BOX HI10

BOX INSTRUCTIONS

IF THIS PUBLIC PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI16A - PUBRXCOV.

ELSE GO TO HI15 - COVBEGMM.

HI15

Date

QUESTION TEXT

On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

FIELD 1: COVBEGMM**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI15 - COVBEGDD |
| | Don't Know | HI15 - COVBEGDD |
| | Refused | HI15 - COVBEGDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GMM | 1 |

FIELD 2: COVBEGDD**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI15 - COVBEGYY |
| | Don't Know | HI15 - COVBEGYY |
| | Refused | HI15 - COVBEGYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GDD | 1 |

FIELD 3: COVBEGYY**FIELD 3 ROUTING**

| Value | Label | Route |
|--------------|----------------------|------------------|
| 1 | [Continuous answer.] | HI16A - PUBRXCOV |
| | Don't Know | HI16A - PUBRXCOV |
| | Refused | HI16A - PUBRXCOV |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVBEYY | 1 |

HI16

Date

QUESTION TEXT

On what date [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] (PUBLIC PLAN NAME) coverage (most recently/last) stop?

FIELD 1: COVENDMM**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI16 - COVENDDD |
| | Don't Know | HI16 - COVENDDD |
| | Refused | HI16 - COVENDDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVENDMM | 1 |

FIELD 2: COVENDDD**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI16 - COVENDYY |
| | Don't Know | HI16 - COVENDYY |
| | Refused | HI16 - COVENDYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDDD | 1 |

FIELD 3: COVENDYY

FIELD 3 ROUTING

| Value | Label | Route |
|--------------|----------------------|------------------|
| 1 | [Continuous answer.] | HI16A - PUBRXCOV |
| | Don't Know | HI16A - PUBRXCOV |
| | Refused | HI16A - PUBRXCOV |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDYY | 1 |

HI16A

Yes/No

QUESTION TEXT

(Does/Did) [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor?

FIELD 1: PUBRXCOV

FIELD 1 ROUTING

| Value | Label | Route |
|--------------|--------------|--------------|
| 1 | YES | BOX HI12 |
| 2 | NO | BOX HI12 |
| | Don't Know | BOX HI12 |
| | Refused | BOX HI12 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PUBRXCOV | 1 |

BOX HI12

BOX INSTRUCTIONS

IF ADMINISTERING ST, GO TO BOX ST69A.

ELSE IF ADMINISTERING NS, GO TO BOX NS69A.

ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A.

ELSE IF REVIEWING PUBLIC PLANS THAT WERE "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI11PREV_IN - NAVIGATOR.

ELSE GO TO HI12_IN - NAVIGATOR.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If administering ST, NS, CPS, you have completed the Public plan detail questions for the Public plan(s) added at the Source of Payment roster. Return to the section being administered as specified above.

NOTE ON ELSE CONDITION:

ASKING ABOUT PREVIOUS ROUND PLANS:

Once all items at HI11PREV_IN Instance Navigator screen are DONE, routing will return to HI11PREV_IN until Interviewer selects CONTINUE INTERVIEW.

ASKING ABOUT CURRENT ROUND PLANS:

Once all items at HI12_IN Instance Navigator screen are DONE, routing will return to HI12_IN until Interviewer selects CONTINUE INTERVIEW.

BOX HI12AA

BOX INSTRUCTIONS

IF (SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW), GO TO HI16AB - PDPSAME.

ELSE IF ((SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW) AND (SP DOES NOT HAVE A "CURRENT" MEDICARE MANAGED CARE PLAN WITH RX COVERAGE) AND (HI10C1 - MPDCOVER = empty)), GO TO HI16B - PDPCOVER.

ELSE IF ((SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW) AND (SP DOES NOT HAVE A "CURRENT" MEDICARE MANAGED CARE PLAN WITH RX COVERAGE) AND (HI10C1 - MPDCOVER = 2/No)), GO TO HI16B1 - PDPCOVER.

ELSE GO TO BOX HI12A.

HI16AB

Yes/No

QUESTION TEXT

At the time of the last interview [you were/(SP) was] covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME).

[[Are you/Is (SP)] now covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME)?] [Was (SP) covered by (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

FIELD 1: PDPSAME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | YES | BOX HI12A |
| 2 | NO | HI16AC - PDPYSTOP |
| | Don't Know | BOX HI12A |
| | Refused | HI16AD - PDPOTHER |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.PDPSAME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

The Medicare Prescription Drug plan being asked about at HI16AB was SP's current Medicare Prescription Drug plan at the time of the previous round interview. This also means that the SP was covered by this Medicare Prescription Drug plan for some time during the current round.

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of Medicare Prescription Drug plan

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
 PLRO.PLROPLAN = PLAN.PLANNUM of Medicare Prescription Drug plan
 PLRO.PLRORND = current round

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
 PLAN.PLANNUM and PLRO.PLRORND = current round.

Based on response to HI16AB, HRND.PDPSAME, set the status of this plan on the current
 round PLRO.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|--|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANNUM of MPDP current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |
| COVANYTM | PLRO.COVANYTM = 1/Yes. |
| COVCURNT | If HI16AB - PDPSAME = 1/Yes, set PLRO.COVCURNT = 1/Yes. Else set PLRO.COVCURNT = 2/No. |

HI16AC

Code 1

QUESTION TEXT

What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage?

FIELD 1: PDPYSTOP**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--|-------------------|
| 1 | TOO EXPENSIVE OR COULDN'T AFFORD | HI16AD - PDPOTHER |
| 2 | SP DISSATISFIED WITH PLAN'S COVERAGE | HI16AD - PDPOTHER |
| 3 | TO GET RX COVERAGE IN ANOTHER PLAN | HI16AD - PDPOTHER |
| 4 | TO GET DIFFERENT HEALTH CARE COVERAGE | HI16AD - PDPOTHER |
| 5 | PLAN NO LONGER CONTRACTS FOR MEDICARE RX COVERAGE | HI16AD - PDPOTHER |
| 6 | PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN | HI16C - PDPCURR |
| 7 | SP MOVED OUT OF PLAN AREA | HI16AD - PDPOTHER |
| 91 | OTHER | HI16AC - PDPYSTOS |
| | Don't Know | HI16AD - PDPOTHER |
| | Refused | HI16AD - PDPOTHER |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PDPYSTOP | 1 |

FIELD 2: PDPYSTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|--------------|----------------------|-------------------|
| 1 | [Continuous answer.] | HI16AD - PDPOTHER |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PDPYSTOS | 1 |

HI16AD

Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (MEDICARE PRESCRIPTION DRUG PLAN CURRENT LAST ROUND)?

FIELD 1: PDPOTHER**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-----------------|
| 1 | YES | HI16C - PDPCURR |
| 2 | NO | BOX HI12A |
| | Don't Know | BOX HI12A |
| | Refused | BOX HI12A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PDPOTHER | 1 |

HI16B

Yes/No

QUESTION TEXT

(Medicare beneficiaries can receive insurance coverage for prescription drugs through Medicare Prescription Drug plans. These plans are also called "Medicare Part D" plans.)

At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan that (covers/covered) medicines prescribed by a doctor?

FIELD 1: PDPCOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-----------------|
| 1 | YES | HI16C - PDPCURR |
| 2 | NO | BOX HI12A |
| | Don't Know | BOX HI12A |
| | Refused | BOX HI12A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PDPCOVER | 1 |

HI16B1

Yes/No

QUESTION TEXT

You mentioned that [you have/(SP) has/(SP) had] not been enrolled in a Medicare Prescription Drug plan associated with (your/his/her) Medicaid coverage.

At any time since (REFERENCE DATE), [have you/has (SP)/had (SP)] been enrolled in a Medicare Prescription Drug plan in any way other than through Medicaid?

FIELD 1: PDPCOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-----------------|
| 1 | YES | HI16C - PDPCURR |
| 2 | NO | BOX HI12A |
| | Don't Know | BOX HI12A |
| | Refused | BOX HI12A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PDPCOVER | 1 |

HI16C

Yes/No

QUESTION TEXT

[Are you/Is (SP)/Was (SP)] (currently) covered by or enrolled in a Medicare Prescription Drug plan [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

FIELD 1: PDPCURR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------------|
| 1 | YES | HI16E - PLAN_MPDP |
| 2 | NO | HI16G - PLAN_MPDPOTHR |
| | Don't Know | HI16G - PLAN_MPDPOTHR |
| | Refused | HI16G - PLAN_MPDPOTHR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.PDPCURR | 1 |

HI16E

Roster

QUESTION TEXT

[What is the name of the Medicare Prescription Drug plan that (currently covers/covered) [you/(SP)] [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?]

SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER.

FIELD 1: PLAN MPDP**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI16F - PDPMORE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care Plans

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug plan if "current" at the time of the previous round interview

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|-----------------|---------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at HI16E.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI16E.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

The plan selected at HI16E is the SP's current Medicare Prescription Drug plan for the current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|---------------|---|
| COVANYTM | Set PLRO.COVANYTM=1/Yes for plan selected at HI16E. |
| COVCURNT | Set PLRO.COVCURNT=1/Yes for plan selected at HI16E. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=7/MPDP. |

DESIGN NOTES

HI16E is called from ST, NS, CPS when a Medicare Prescription Drug Plan is added at the Source of Payment roster and SP has already reported a current Medicare Prescription Drug plan but has now reported a change regarding which Medicare Prescription Drug plan is current.

HI16F

Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/ INSTITUTIONALIZATION)], [have you/has (SP)/had (SP)] been covered by any other Medicare Prescription Drug plans besides (CURRENT MEDICARE PRESCRIPTION DRUG PLAN)?

FIELD 1: PDPMORE**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|-----------------------|
| 1 | YES | HI16G - PLAN_MPDPOTHR |
| 2 | NO | BOX HI12A |
| | Don't Know | BOX HI12A |
| | Refused | BOX HI12A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| HRND.PDPMORE | 1 |

HI16G

Roster

QUESTION TEXT

[Besides (CURRENT PRESCRIPTION DRUG PLAN), what other/Besides (PREVIOUS ROUND PRESCRIPTION DRUG PLAN), what other/What] Medicare Prescription Drug plans covered [your/(SP's)] medicines since (REFERENCE DATE)?

SELECT OR ADD MEDICARE PRESCRIPTION DRUG PLAN NAMES AT THIS ROSTER.

FIELD 1: PLAN MPDPOTHR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------|
| 1 | [Continuous answer.] | BOX HI12A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare plan

Medicare Managed Care Plans

Medicaid

Tricare

Public Plans

Private Plans

Medicare Prescription Drug plan if "current" at the time of the previous round interview

Medicare Prescription Drug plan if "current" in the current round

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|-----------------|---------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at HI16G.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI16G.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

Plans selected at HI16G are Medicare Prescription Drug plans that the SP was enrolled in for some time in the current round but are not the SP's current Medicare Prescription Drug plan.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|---|
| COVANYTM | Set PLRO.COVANYTM = 1/Yes for all plan selected at HI16G. |
| COVCURNT | Set PLRO.COVCURNT = 2/No for all plan selected at HI16G. |
| PLANTYPE | If PLAN added to roster, set PLAN.PLANTYPE=7/MPDP. |

BOX HI12A

BOX INSTRUCTIONS

IF AT LEAST ONE PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI17PREV - PRIVINTRO.

ELSE GO TO HI17 - PRVCOVER.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If a private plan was current at the time of the previous round interview, then the SP was also covered by this private plan for some time during the current round.

HI17PREV

No Entry

QUESTION TEXT

The next questions are about private plans [you were/(SP) was] covered by as of (REFERENCE DATE).

FIELD 1: PRIVINTRO**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------|-------------------------|
| 1 | CONTINUE | HI17PREV_IN - NAVIGATOR |
| | Empty | HI17PREV_IN - NAVIGATOR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

HI17PREV_IN

Instance Navigator

FIELD 1: NAVIGATOR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------------------------|-----------------|
| 1 | ITEM SELECTED IN INSTANCE NAVIGATOR | BOX HI12B |
| 2 | CONTINUE INTERVIEW SELECTED | HI17 - PRVCOVER |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A | 1 |

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM

PLAN.PLANNUM = Number of private plan being asked about from the previous round.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

PLRO.PLROPLAN = PLAN.PLANNUM of private plan being asked about from the previous round.

PLRO.PLRORND = current round.

BOX HI12B

BOX INSTRUCTIONS

CREATE A CURRENT ROUND PLRO FOR PRIVATE PLAN

GO TO HI21 - COVTIME.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

If Private plan was current at the time of the previous round interview, then the SP was also covered by the Private plan for some time during the current round.

Create a current round PLRO to store the status of this private plan in the current round.

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

In addition, set HMO flag, PLRO.PPRVHMO, to equal value from previous round.

See detailed instructions below.

| Variable Name | Assignment Instructions |
|----------------------|---|
| PLROPLAN | PLRO.PLROPLAN = PLAN.PLANNUM of Private Plan current at time of previous round. |
| PLRORND | PLRO.PLRORND = current round. |
| PPRVHMO | Set current round PLRO.PPRVHMO = previous round PLRO.PPRVHMO. |

HI17

Yes/No

QUESTION TEXT

We've talked about [READ PLAN(S) LISTED ABOVE].

(Now, I would like to ask about other types of health insurance.) At any time [since (REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP) been/was (SP)] covered by (any other) private health insurance or private managed care (plan/plans)?

By "private", I mean a supplemental or Medigap plan, or a plan that is provided by a former or current employer. Such plans cover the cost of hospital or doctor visits, prescribed medicines, or dental care.

FIELD 1: PRVCOVER**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|--------------------|---------------------|
| 1 | YES | HI20 - PLAN_PRIVATE |
| 2 | NO | BOX HI13A |
| 3 | YesButOriginallyNo | DO NOT DISPLAY. |
| | Don't Know | BOX HI13A |
| | Refused | BOX HI13A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.PRVCOVER | 1 |

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text.

Display all insurance plans SP reported being covered by in the current round in the following order:

First line:

If SP was covered by a Medicare Managed care plan, display name of this Medicare Managed care plan.

Else display "MEDICARE" for the Medicare plan.

Next list Medicaid, Tricare, all Public Plans, all Private Plans and all Medicare Prescription Drug Plans. If there is more than one plan of any type, display in order of entry.

Report header: PLANS DISCUSSED AT THIS POINT OF THE INTERVIEW

Column 1, header = "Plan Name", display PLAN.PLNAME.

Column 2, header = "Plan Type", display PLAN.PLANTYPE:

If PLANTYPE=1/Medicare, display "MCAR".

If PLANTYPE=2/Medicaid, display "MCAD".

If PLANTYPE=3/PublicPlan, display "PUBL".

If PLANTYPE=4/PrivatePlan, display "PRIV".

If PLANTYPE=5/MHMO, display "MHMO".

If PLANTYPE=6/Tricare, display "TRIC".

If PLANTYPE=7MPDP, display "MPDP".

BOX HI13A

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI19
- GAPCOVER.

ELSE GO TO HI35 - PRVOCOV.

HI19

Yes/No

QUESTION TEXT

Some people who are eligible for Medicare have additional coverage through a private insurance carrier. This is sometimes referred to as Medigap or Medicare Supplement. At any time since (REFERENCE DATE) did [you/(SP)] have this type of health insurance coverage?

FIELD 1: GAPCOVER

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------------------|
| 1 | YES | HI20 - PLAN_PRIVATE |
| 2 | NO | HI35 - PRVOCOV |
| | Don't Know | HI35 - PRVOCOV |
| | Refused | HI35 - PRVOCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.GAPCOVER | 1 |

HI20

Roster

QUESTION TEXT

What is the name of each of the (other) private plans that (provide/provided) [your/(SP's)] medical insurance coverage?

SELECT OR ADD ALL PRIVATE PLAN NAMES AT THIS ROSTER.

FIELD 1: PLAN PRIVATE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|---------------------|
| 1 | [Continuous answer.] | HI20_IN - NAVIGATOR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all health insurance plans from the Plan Roster.

Display plans in order of entry.

Display the following plans as protected rows:

Medicare

Medicare Managed Care plans.

Medicaid

Tricare

Public plans

Private plans hat SP has already reported being covered by during the current round, this includes plans that are current or have stopped in current round.

Medicare Prescription Drug Plans

SELECTION IS NOT REQUIRED ON THIS ROSTER.

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|-----------------|---------------|--|
| 1 | Plan Name | Display PLAN.PLNAME. |
| 2 | Plan Type | Display PLAN.PLANTYPE: 1/Medicare, display "MCAR" 2/Medicaid, display "MCAD" 3/PublicPlan, display "PUBL" 4/PrivatePlan, display "PRIV" 5/MHMO, display "MHMO" 6/Tricare, display "TRIC" 7/MPDP, display "MPDP" |
| 3 | Plan Status | Display CURRENT ROUND PLAN STATUS. |

BACKGROUND VARIABLE ASSIGNMENTS

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
PLAN.PLANNUM = Number of plan selected at HI20.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
PLRO.PLROPLAN = PLAN.PLANNUM of plan selected at HI20.
PLRO.PLRORND = current round.

If Plan added, see PLAN ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Plan Roster Pop-Up Window:

PLAN.PLANNUM
PLAN.PLANRNDC
PLAN.PLANTYPE
PLAN.PLNAME

Plans selected at HI20 are Private plans that the SP was enrolled in for some time in the current round.

To set status of PLAN, create current round PLRO where PLRO.PLROPLAN=this
PLAN.PLANNUM and PLRO.PLRORND = current round.

See detailed instructions below:

| Variable Name | Assignment Instructions |
|----------------------|----------------------------------|
| PLROPLAN | PLRO.PLROPLAN=this PLAN.PLANNUM. |
| PLRORND | PLRO.PLRORND=current round. |

HI20_IN

Instance Navigator

FIELD 1: NAVIGATOR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|-------------------------------------|----------------|
| 1 | ITEM SELECTED IN INSTANCE NAVIGATOR | HI21 - COVTIME |
| 2 | CONTINUE INTERVIEW SELECTED | HI35 - PRVOCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Plan details are collected on PLAN and PLRO:

PLAN key = PLAN.PLANBASE + PLAN.PLANNUM
 PLAN.PLANUM = Number of plan selected at HI20.

PLRO key = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND
 PLRO.PLROPLAN = PLAN.PLANUM of plan selected at HI20.
 PLRO.PLRORND = current round.

HI21

Code 1

QUESTION TEXT

[At the time of the last interview [you were/(SP) was] covered by (PRIVATE PLAN NAME).]
 [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between
 (REFERENCE DATE) and (today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or
 only part of the time?

FIELD 1: COVTIME**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------------|---------------|
| 1 | THE WHOLE TIME | BOX HI17 |
| 2 | PART OF THE TIME | HI22 - COVNOW |
| | Don't Know | HI22 - COVNOW |
| | Refused | HI22 - COVNOW |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVTIME | 1 |

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

HI21 called from ST, NS, CPS when private plan is added at the Source of Payment Roster.

HI22

Yes/No

QUESTION TEXT

[[Are you/Is (SP)] now covered by (PRIVATE PLAN NAME)?] [Was (SP) covered by (PRIVATE PLAN NAME) on (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)?]

FIELD 1: COVNOW

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | BOX HI16 |
| 2 | NO | HI24 - COVENDMM |
| | Don't Know | BOX HI17 |
| | Refused | BOX HI17 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVNOW | 1 |

BOX HI16

BOX INSTRUCTIONS

IF THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO BOX HI17.

ELSE GO TO HI23 - COVBEGMM.

HI23

Date

QUESTION TEXT

On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

FIELD 1: COVBEGMM**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI23 - COVBEGDD |
| | Don't Know | HI23 - COVBEGDD |
| | Refused | HI23 - COVBEGDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GMM | 1 |

FIELD 2: COVBEGDD**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI23 - COVBEGYY |
| | Don't Know | HI23 - COVBEGYY |
| | Refused | HI23 - COVBEGYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------|-----------------|
| PLRO.COVBE GDD | 1 |

FIELD 3: COVBEGYY**FIELD 3 ROUTING**

| Value | Label | Route |
|--------------|----------------------|------------------|
| 1 | [Continuous answer.] | HI23A - YSTRTCOV |
| | Don't Know | HI23A - YSTRTCOV |
| | Refused | HI23A - YSTRTCOV |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVBEYY | 1 |

HI23A

Code 1

QUESTION TEXT

SHOW CARD HIMC2A

What is the most important reason [you/(SP)] decided to get coverage through (PRIVATE PLAN NAME)?

FIELD 1: YSTRTCOV**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--|------------------|
| 1 | LOWER COST | BOX HI17 |
| 2 | TO GET RX COVERAGE | BOX HI17 |
| 3 | TO GET BENEFIT COVERAGE OTHER THAN RX | BOX HI17 |
| 4 | DOCTOR IS MEMBER OF THIS PLAN | BOX HI17 |
| 5 | SP'S CURRENT/FORMER EMPLOYER PAYS PREMIUM | BOX HI17 |
| 6 | SPOUSE'S CURRENT/FORMER EMPLOYER PAYS PREMIUM | BOX HI17 |
| 7 | PREVIOUS PLAN NAME CHANGED OR WAS BOUGHT BY/MERGED WITH CURRENT PLAN | BOX HI17 |
| 8 | BETTER SELECTION OF PROVIDERS OR QUALITY OF CARE | BOX HI17 |
| 9 | RECOMMENDATION OR REPUTATION | BOX HI17 |
| 10 | SP WANTED CHOICE OF DOCTORS | BOX HI17 |
| 91 | OTHER | HI23A - YSTRTCOS |
| | Don't Know | BOX HI17 |
| | Refused | BOX HI17 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YSTRTCOV | 1 |

FIELD 2: YSTRTCOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|----------|
| 1 | [Continuous answer.] | BOX HI17 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.YSTRTCOS | 1 |

HI24

Date

QUESTION TEXT

On what date since [(REFERENCE DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/ DATE OF INSTITUTIONALIZATION)] did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop?

FIELD 1: COVENDMM**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI24 - COVENDDD |
| | Don't Know | HI24 - COVENDDD |
| | Refused | HI24 - COVENDDD |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.COVENDMM | 1 |

FIELD 2: COVENDDD**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI24 - COVENDYY |
| | Don't Know | HI24 - COVENDYY |
| | Refused | HI24 - COVENDYY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDDD | 1 |

FIELD 3: COVENDYY

FIELD 3 ROUTING

| Value | Label | Route |
|--------------|----------------------|--------------|
| 1 | [Continuous answer.] | BOX HI17 |
| | Don't Know | BOX HI17 |
| | Refused | BOX HI17 |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.COVENDYY | 1 |

BOX HI17

BOX INSTRUCTIONS

IF THIS PRIVATE PLAN IS NEW OR HAS BEEN "RESTARTED", GO TO HI25 - PPRVHMO.

ELSE IF THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND IS STILL "CURRENT", AND IT IS A FALL ROUND, GO TO HI26 - PERS_MIPNUM.

ELSE GO TO HI30 - PRVRXCOV.

HI25

Yes/No

QUESTION TEXT

CODE WITHOUT ASKING IF VOLUNTEERED.

(Is/Was) this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?

[EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.]

FIELD 1: PPRVHMO**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|--------------------|
| 1 | YES | HI26 - PERS_MIPNUM |
| 2 | NO | HI26 - PERS_MIPNUM |
| | Don't Know | HI26 - PERS_MIPNUM |
| | Refused | HI26 - PERS_MIPNUM |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.PPRVHMO | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

If PLAN is new in the current round, store response to HI25 - PPRVHMO also on PLAN record. Set variable as instructed below.

| Variable Name | Assignment Instructions |
|----------------------|---|
| PRVHMO | If PLAN is new in the current round, set PLAN.PRVHMO=PLRO.PPRVHMO. |

HI26

Roster

QUESTION TEXT

Who (is/was) listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract?

SELECT OR ADD ONLY ONE PERSON.

FIELD 1: PERS_MIPNUM

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|----------------|
| 1 | [Continuous answer.] | HI27 - PPRVGET |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from the Person Roster.

Display SP on first line, followed by the name of the SP's spouse.

Display remaining persons in the order that they were entered in Person Roster.

Do not allow SP to be edited.

ROSTER/GRID DISPLAY

| Column # | Header | Instructions |
|----------|------------|------------------------|
| 1 | First Name | Display ROST.ROSTFNAM. |
| 2 | Last Name | Display ROST.ROSTLNAM. |

| Column # | Header | Instructions |
|----------|--------------------|--|
| 3 | Relationship to SP | Display Relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship. |

BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on ROST:

ROST key = ROST.ROSTBASE + ROST.ROSTNUM

ROST.ROSTNUM = Number of Person selected at HI26.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Person Roster Pop-Up Window:

ROST.ROSTNUM

ROST.ROSTRNDC

ROST.ROSTREAS

ROST.ROSTFNAM

ROST.ROSTLNAM

ROST.ROSTREL

ROST.ROSTREOS

Person selected at HI26 is the Main Insured Person (MIP). The ROST.ROSTNUM for the MIP is stored on PLAN and the PLAN's current round PLRO.

If person added to roster, set reason on ROST where ROST.ROSTNUM = number of person added.

If a Person is edited then the following fields may be updated in the Person Roster Pop-Up:

If the Person's relationship is updated and ROST.ROSTSEX ^= Null and the Person's gender no longer matches the Person's relationship, update ROST.ROSTSEX based on the specifications below. Note, if ROST.ROSTSEX has never been collected, ROST.ROSTSEX = Null, do not set ROST.ROSTSEX.

If the Person's relationship is updated and original relationship = 91/OtherRelative or 92/OtherNon_Relative and updated relationship ^= 91/OtherRelative and ^= 92/OtherNon_Relative, update ROST.ROSTREOS = empty.

See detailed instructions below.

| Variable Name | Assignment Instructions |
|---------------|--|
| ROSTREAS | If person added to roster, set ROST.ROSTREAS=6/MIP. |
| MIPNUM | PLRO.MIPNUM=ROST.ROSTNUM of person selected. |
| PLMIPNUM | PLAN.PLMIPNUM=PLRO.MIPNUM. (NOTE for future reference. Will need to create TRNS if PLMIPNUM is being updated from previous round). |
| | |

HI27

Code 1

QUESTION TEXT

For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly, or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

FIELD 1: PPRVGET**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|-------------------------------------|-----------------|
| 1 | DIRECTLY | HI29 - PRVNMCOV |
| 2 | (MIP'S) CURRENT EMPLOYER | HI29 - PRVNMCOV |
| 3 | (MIP'S) FORMER EMPLOYER | HI29 - PRVNMCOV |
| 4 | (MIP'S) UNION | HI29 - PRVNMCOV |
| 5 | (MIP'S) FAMILY BUSINESS | HI29 - PRVNMCOV |
| 6 | AARP | HI29 - PRVNMCOV |
| 7 | DECEASED SPOUSE'S EMPLOYER | HI29 - PRVNMCOV |
| 8 | DECEASED SPOUSE'S UNION | HI29 - PRVNMCOV |
| 9 | PROFESSIONAL/FRATERNAL ORGANIZATION | HI29 - PRVNMCOV |
| 91 | SOME OTHER WAY | HI27 - PPRVGTOS |
| | Don't Know | HI29 - PRVNMCOV |
| | Refused | HI29 - PRVNMCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PPRVGET | 1 |

FIELD 2: PPRVGTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI29 - PRVNMCOV |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.PPRVGTOS | 1 |

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

If PLAN is new in the current round, store response to HI27 - PPRVGET and PPRVGTOS also on PLAN record. Set variable as instructed below.

| Variable Name | Assignment Instructions |
|---------------|---|
| PRVGET | If PLAN is new in the current round, set PLAN.PRVGET=PLRO.PPRVGET. |
| PRVGETOS | If PLAN is new in the current round, set PLAN.PRVGETOS=PLRO.PPRVGTOS. |

HI29

Numeric

QUESTION TEXT

How many family members, including [yourself/(SP)], (are/were) covered by [your/(MIP's)] (PRIVATE PLAN NAME)?

FIELD 1: PRVNMCOV**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|----------------------|-----------------|
| 1 | [Continuous answer.] | HI30 - PRVRXCOV |
| | Don't Know | HI30 - PRVRXCOV |
| | Refused | HI30 - PRVRXCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PRVNMCOV | 1 |

HI30

Yes/No

QUESTION TEXT

Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PLAN NAME) coverage (includes/included).

[PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally (have/has/had), not what the plan offers everyone.]

(Does/Did) [your/(MIP's)] (PRIVATE PLAN NAME) plan cover prescribed medicines?

FIELD 1: PRVRXCOV**FIELD 1 ROUTING**

| Value | Label | Route |
|--------------|--------------|--------------|
| 1 | YES | BOX HI17AB |
| 2 | NO | BOX HI17AB |
| | Don't Know | BOX HI17AB |
| | Refused | BOX HI17AB |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.PRVRXCOV | 1 |

BOX HI17AB

BOX INSTRUCTIONS

IF (THIS PRIVATE PLAN IS NEW OR HAS BEEN "RESTARTED") OR (THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND IS STILL "CURRENT", AND IT IS A FALL ROUND), GO TO HI31A - PRVMSCOV.

ELSE GO TO BOX HI17AD.

HI31A

List

QUESTION TEXT

(Does/Did) [your/(MIP's)] (PRIVATE PLAN NAME) cover...

[PROBE IF NECESSARY: I am asking about the type of insurance coverage that [you/(SP)] personally (have/has/had), not what the plan offers everyone.]

FIELD 1: PRVMSCOV

doctor visits or lab work?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HI31A - PRVIPCOV |
| 2 | NO | HI31A - PRVIPCOV |
| | Don't Know | HI31A - PRVIPCOV |
| | Refused | HI31A - PRVIPCOV |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.PRVMSCOV | 1 |

FIELD 2: PRVIPCOV

inpatient hospital care?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HI31A - PRVNHCOV |
| 2 | NO | HI31A - PRVNHCOV |
| | Don't Know | HI31A - PRVNHCOV |

| Value | Label | Route |
|-------|---------|------------------|
| | Refused | HI31A - PRVNHCOV |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.PRVIPCOV | 1 |

FIELD 3: PRVNHCOV

nursing home or long term care?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HI31A - MHMODENT |
| 2 | NO | HI31A - MHMODENT |
| | Don't Know | HI31A - MHMODENT |
| | Refused | HI31A - MHMODENT |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.PRVNHCOV | 1 |

FIELD 4: MHMODENT

dental care?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|-------|------------|
| 1 | YES | BOX HI17AD |
| 2 | NO | BOX HI17AD |

| Value | Label | Route |
|--------------|--------------|--------------|
| | Don't Know | BOX HI17AD |
| | Refused | BOX HI17AD |

FIELD 4 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.MHMODENT | 1 |

BOX HI17AD

BOX INSTRUCTIONS

IF (THIS PRIVATE PLAN IS NEW OR HAS BEEN "RESTARTED") OR (THIS PRIVATE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW AND IS STILL "CURRENT", AND IT IS A FALL ROUND), GO TO HI32 - MIPPINS.

ELSE GO TO BOX HI19.

HI32

Yes/No

QUESTION TEXT

(Do/Does/Did) [you/(MIP)] pay any or all of the premium or cost for the (PRIVATE PLAN NAME) coverage?

[Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may (have/have had) to pay.]

FIELD 1: MIPPINS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | HI33 - MIPPAMT |
| 2 | NO | HI33A - MHMOCOST |
| | Don't Know | HI33A - MHMOCOST |
| | Refused | HI33A - MHMOCOST |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MIPPINS | 1 |

HI33

Quantity Unit Hybrid

QUESTION TEXT

How much (do/does/did) [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage?
 [Please do not include any amount that may be paid for anyone other than [you/(SP)].]

[PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

FIELD 1: MIPPAMT**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------------------|------------------|
| 1 | [Continuous answer.] | HI33 - MIPPUNIT |
| | Don't Know | HI33A - MHMOCOST |
| | Refused | HI33A - MHMOCOST |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MIPPAMT | 1 |

FIELD 2: MIPPUNIT**FIELD 2 ROUTING**

| Value | Label | Route |
|-------|--------------------------|------------------|
| 1 | PER YEAR | HI33A - MHMOCOST |
| 2 | QUARTERLY/EVERY 3 MONTHS | HI33A - MHMOCOST |
| 3 | BIMONTHLY/EVERY 2 MONTHS | HI33A - MHMOCOST |
| 4 | PER MONTH | HI33A - MHMOCOST |
| 5 | PER WEEK | HI33A - MHMOCOST |

| Value | Label | Route |
|-------|--------------------------------|------------------|
| 6 | SEMI-ANNUALLY/2 TIMES PER YEAR | HI33A - MHMOCOST |
| 7 | SEMI-MONTHLY/2 TIMES PER MONTH | HI33A - MHMOCOST |
| 91 | OTHER | HI33 - MIPPUNOS |
| | Don't Know | HI33A - MHMOCOST |
| | Refused | HI33A - MHMOCOST |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MIPPUNIT | 1 |

FIELD 3: MIPPUNOS

OTHER (SPECIFY)

FIELD 3 ROUTING

| Value | Label | Route |
|-------|----------------------|------------------|
| 1 | [Continuous answer.] | HI33A - MHMOCOST |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MIPPUNOS | 1 |

HI33A

Yes/No

QUESTION TEXT

(Does/Did) anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?

FIELD 1: MHMOCOST

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | HI33B - MHMOWHO |
| 2 | NO | BOX HI17B |
| | Don't Know | BOX HI17B |
| | Refused | BOX HI17B |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOCOST | 1 |

HI33B

Code 1

QUESTION TEXT

Who else (pays/paid) all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage?

FIELD 1: MHMOWHO**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|-------------------------------------|------------------|
| 1 | [(SP's)/(MIP's)] CURRENT EMPLOYER | BOX HI17B |
| 2 | (SP's/MIP's) FORMER EMPLOYER | BOX HI17B |
| 3 | (SP's/MIP's) UNION | BOX HI17B |
| 4 | SPOUSE'S CURRENT EMPLOYER | BOX HI17B |
| 5 | SPOUSE'S FORMER EMPLOYER | BOX HI17B |
| 6 | PROFESSIONAL/FRATERNAL ORGANIZATION | BOX HI17B |
| 7 | MEDICAID/MEDICAL ASSISTANCE | BOX HI17B |
| 91 | OTHER | HI33B - MHMOWHOS |
| | Don't Know | BOX HI17B |
| | Refused | BOX HI17B |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOWHO | 1 |

FIELD 2: MHMOWHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|--------------|----------------------|--------------|
| 1 | [Continuous answer.] | BOX HI17B |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| PLRO.MHMOWHOS | 1 |

BOX HI17B

BOX INSTRUCTIONS

IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HI33C - MHMOPOS.

ELSE GO TO BOX HI19.

HI33C

Yes/No

QUESTION TEXT

Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. (Are/Were/Is/Was) [you/(SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)?

[EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.]

FIELD 1: MHMOPOS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------|
| 1 | YES | BOX HI19 |
| 2 | NO | BOX HI19 |
| | Don't Know | BOX HI19 |
| | Refused | BOX HI19 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PLRO.MHMOPOS | 1 |

BOX HI19

BOX INSTRUCTIONS

IF ADMINISTERING ST, GO TO BOX ST69A.

ELSE IF ADMINISTERING NS, GO TO BOX NS69A.

ELSE IF ADMINISTERING CPS, GO TO BOX CPS29A.

ELSE IF REVIEWING PRIVATE PLANS THAT WERE "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HI17PREV_IN - NAVIGATOR.

ELSE GO TO HI20_IN - NAVIGATOR.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If administering ST, NS, CPS, you have completed the Private plan detail questions for the Private plan(s) added at the Source of Payment roster. Return to the section being administered as specified above.

NOTE ON ELSE CONDITION:

ASKING ABOUT PREVIOUS ROUND PLANS:

Once all items at HI17PREV_IN Instance Navigator screen are DONE, routing will return to HI17PREV_IN until Interviewer selects CONTINUE INTERVIEW.

ASKING ABOUT CURRENT ROUND PLANS:

Once all items at HI20_IN Instance Navigator screen are DONE, routing will return to HI20_IN until Interviewer selects CONTINUE INTERVIEW.

HI35

Yes/No

QUESTION TEXT

We've talked about [READ PLAN(S) LISTED ABOVE]. [Do you/Does (SP)/Did (SP)] have medical coverage under any (other) private insurance plans we haven't talked about?

FIELD 1: PRVOCOV

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------------------|
| 1 | YES | HI20 - PLAN_PRIVATE |
| 2 | NO | BOX HI19B |
| | Don't Know | BOX HI19B |
| | Refused | BOX HI19B |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.PRVOCOV | 1 |

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all insurance plans SP reported being covered by in the current round in the following order:

First line:

If SP was covered by a Medicare Managed care plan, display name of this Medicare Managed care plan.

Else display "MEDICARE" for the Medicare plan.

Next list Medicaid, Tricare, all Public Plans, all Private Plans and all Medicare Prescription Drug Plans. If there is more than one plan of any type, display in order of entry.

Report header: PLANS DISCUSSED AT THIS POINT OF THE INTERVIEW

Report layout:

Column 1, header="Plan Name", display PLAN.PLNAME.

Column 2, header="Plan Type", display PLAN.PLANTYPE:

If PLANTYPE=1/Medicare, display "MCAR".

If PLANTYPE=2/Medicaid, display "MCAD".

If PLANTYPE=3/PublicPlan, display "PUBL".

If PLANTYPE=4/PrivatePlan, display "PRIV".

If PLANTYPE=5/MHMO, display "MHMO".

If PLANTYPE=6/Tricare, display "TRIC".

If PLANTYPE=7/MPDP, display "MPDP".

BOX HI19B

BOX INSTRUCTIONS

IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO HI34 - OTHNHCOV.

ELSE GO TO BOX HI21A.

HI34

Yes/No

QUESTION TEXT

[Other than the plans you have already told me about, [do you/does (SP)/did (SP)],[Do you/Does (SP)/Did (SP)]] have any insurance that (pays/paid) just for nursing home care or other long term care?

FIELD 1: OTHNHCOV

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------|
| 1 | YES | BOX HI21A |
| 2 | NO | BOX HI21A |
| | Don't Know | BOX HI21A |
| | Refused | BOX HI21A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.OTHNHCOV | 1 |

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all insurance plans SP reported being covered by in the current round.

First, display MEDICARE MANAGED CARE PLANS (MHMO) name if SP has MHMO, or MEDICARE if no MHMO.

Next list Medicaid, Tricare, Public Plans, Medicare Prescription Drug Plans, and Private Plans. If there is more than one Public Plan, display the Public Plans in order of entry. If there is more than one Private Plan, display the Private Plans in order of entry.

Report header: PLANS DISCUSSED AT THIS POINT OF THE INTERVIEW

Report layout:

Column 1, header="Plan Name", display PLAN.PLNAME.

Column 2, header="Plan Type", display PLAN.PLANTYPE:

If PLANTYPE=1/Medicare, display "MCAR".

If PLANTYPE=2/Medicaid, display "MCAD".

If PLANTYPE=3/PublicPlan, display "PUBL".

If PLANTYPE=4/PrivatePlan, display "PRIV".

If PLANTYPE=5/MHMO, display "MHMO".

If PLANTYPE=6/Tricare, display "TRIC".

If PLANTYPE=7/MPDP, display "MPDP".

BOX HI21A

BOX INSTRUCTIONS

GO TO NEXT SECTION