

BOX 00

THROUGHOUT THE CHARGE/PAYMENT (CP) SECTION, ENTRY OF ALL DOLLAR AMOUNTS WILL INCLUDE ONLY WHOLE DOLLARS. ENTRY OF CENTS WILL BE DISALLOWED.

SOME ITEMS (CP01B, CP12A, CP14A, CP20, CP23, AND CP25) IN THIS SECTION ALLOW THE ADDITION OF A SOURCE OF PAYMENT FOR THE RU. WHEN THE INTERVIEWER SELECTS THE "ADD" LINK, CAPI DISPLAYS A POP-UP WITH A BLANK ENTRY FIELD AND A SELECTABLE PICK LIST OF SOME COMMON SOURCES AS FOLLOWS:

GOVERNMENT SOURCES

- 'MEDICARE'
- 'MEDICAID/{STATE NAME FOR MEDICAID}'
- 'CHIP/{STATE NAME FOR CHIP}'
- 'VA/VETERAN'S ADMINISTRATION'
- 'TRICARE/CHAMPVA'
- 'MILITARY FACILITY'
- 'INDIAN HEALTH SERVICE'
- 'WORKER'S COMPENSATION'

PRIVATE SOURCES

- 'AARP'
- 'AETNA'
- 'BLUE CROSS/BLUE SHIELD'
- 'CIGNA'
- 'DELTA DENTAL'
- 'KAISER/KAISER PERMANENTE'
- 'UNITED HEALTHCARE'

THE PICK LIST EXPEDITES THE ENTRY OF ONE OF THESE COMMON SOURCES. ONCE THE INTERVIEWER SELECTS FROM THE PICK LIST (OR TYPES AN ENTRY) AND RETURNS TO THE MAIN SCREEN, THE ADDED SOURCE OF PAYMENT APPEARS IN THE ROSTER AS SELECTED.

IF EVENT TYPE IS HH
AND
HH PROVIDER ASSOCIATED WITH THE EVENT BEING ASKED ABOUT IS FLAGGED AS
'AGENCY' OR 'INFORMAL',
GO TO BOX_26.

IF EVENT TYPE IS MV AND MV01 IS CODED '2' (TELEPHONE CALL)
OR
IF EVENT TYPE IS OP AND OP02 IS CODED '2' (TELEPHONE CALL),
GO TO BOX_26.

OTHERWISE, CONTINUE WITH BOX_01.

BOX 01

IF EVENT TYPE IS PM AND IS OM TYPE 2 OR 3, GO TO CP03.

IF EVENT TYPE IS PM AND IS NOT OM TYPE 2 OR 3, CONTINUE WITH BOX_02.

OTHERWISE, GO TO BOX_03.

BOX 02

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IF PERSON ALREADY FLAGGED AS 'NO CP INFORMATION FOR PM EVENTS NECESSARY'
FOR THE CURRENT ROUND,
GO TO BOX_26.

IF PERSON ALREADY FLAGGED AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR
THE CURRENT ROUND,
GO TO CP03.

OTHERWISE, CONTINUE WITH CP01A.
    
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CP01A

- Help Enabled (THIRDPARTY) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.THRDPRES	THIRD PARTY PAYER FOR PRESCRIPTION	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {EVN-DT}

(Have/Has) (PERSON) used a third party payer for prescription medicines since START DATE?

YES	1	{CP01B}
NO	2	{CP01}

Refused	RF	{CP01}
Don't Know	DK	{CP01}

HELP AVAILABLE FOR DEFINITION OF THIRD PARTY PAYER.

CP01B

Help Enabled (THIRDPARTY) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
PRND.THRDPAYR	THIRD PARTY PAYER PRESCRIPTION	10

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {EVN-DT}

Who has been the usual third party payer for (PERSON)'s prescription medicines since START DATE?

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

[Name of Source of Direct Payment] {CP01C}

[HELP AVAILABLE FOR DEFINITION OF THIRD PARTY PAYER.](#)

PROGRAMMER NOTES:
WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENTS ROSTER.

Roster Details		
Title:	RU_SOP_2	
Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

Roster Definition:
Display the RU-Sources-Of-Payment-Roster for selection.

=====

Roster Behavior:
1. Multiple add and multiple select allowed.
2. Add allowed. The screen displays a link "Add a source of payment" that the interviewer can select. Selecting the link displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See Box_00 for a detailed list). The interviewer can type a new source or select

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one from the list. Upon return to CP01B, the added source
will appear on the roster as selected.
3. Select one. Interviewer may select only one source
of payment.
4. Limited delete allowed. If interviewer adds a source of
payment, delete is possible for that source only, as long
as the interviewer has not left the screen. If delete is
attempted when it is not allowed, CAPI displays the
following error message: 'DELETE ALLOWED ONLY WHEN
SOURCE IS FIRST ENTERED.'
5. Limited edit allowed. In interviewer adds a source of
payment, editing is possible for that source only, as
long as the interviewer has not left the screen. If edit
is attempted when it is not allowed, CAPI displays the
following error message: EDIT ALLOWED ONLY WHEN
'SOURCE FIRST ENTERED'.
6. If Roster is empty when CAPI displays screen, display
the standard WVS instruction: "EITHER THE ROSTER IS
EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY
CHOICES."
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Roster Filter:
Display all sources of payment that are not PERSON/FAMILY.
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CP01C

- Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.TYPPPAY		

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much did (PERSON) pay out-of-pocket for (PERSON)'S last prescription?

IS ANSWER IN DOLLARS OR PERCENT?

- | | | |
|---------|---|------------|
| DOLLARS | 1 | {CP01COV1} |
| PERCENT | 2 | {CP01COV2} |

CP01COV1

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.EXPTPAY		

DOLLARS: _____ {CP01}

Refused	RF	{CP01}
Don't Know	DK	{CP01}

Soft CHECK: \$0 - \$10,000

CP01COV2

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PRND.PCTPPAY		

PERCENT: _____ {CP01}

Refused	RF	{CP01}
Don't Know	DK	{CP01}

Soft CHECK: 1% - 100%



CP01

Help Enabled (CP01Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.PMEDCLM	WHO SENDS IN CLAIM FORMS	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {EVN-DT}

(Do/Does) (PERSON) (or someone in the family) send in a claim form to the insurance company for (PERSON)'s prescription medicines or does the pharmacy automatically do this for (PERSON)'s prescription medicines?

FAMILY SENDS IN CLAIM FORMS	1	{CP03}
PHARMACY AUTOMATICALLY FILES CLAIM	2	{BOX_26}
NOT EITHER TYPE OF SITUATION	3	{BOX_26}

Refused	RF	{CP03}
Don't Know	DK	{CP03}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

PROGRAMMER NOTES:
 IF CODED '2' (PHARMACY AUTOMATICALLY FILES CLAIM), OR '3' (NOT EITHER TYPE OF SITUATION), FLAG THIS PERSON AS 'NO CP INFORMATION FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND.
 IF CODED '1' (FAMILY SENDS IN CLAIM FORMS), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG THIS PERSON AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND.

BOX 03

IF FIRST TIME THROUGH CHARGE PAYMENT FOR THIS PERSON-PROVIDER PAIR AND PAIR WAS FLAGGED AS 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND, CONTINUE WITH CP02.
 OTHERWISE, GO TO CP03.

CP02

Help Enabled ([CP02Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.CPAYSAME	COPAYMENT SAME AS PREVIOUS RND COPAYMENT	2
EVPV.CPAYFLAG	COPAY INTRO QUESTION ASKED	2
CPAY.CPAYID	CPAY ID KEY: PERSID + PROVID + ROUND	20
CPAY.CPAYRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
CPAY.CREATEQ	CREATION STAMP	2
CPAY.CPAYEVPV	CPAY CREATED BY THIS EVPVID	23
CPAY.CPAYAMT	CORRECT COPAYMENT AMOUNT	2
CPAY.CPAYSAME	COPAYMENT SAME AS PREVIOUS RND COPAYMENT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Before we talk about the charges for (PERSON)'s visit to (PROVIDER) on (VISIT DATE), let me take a moment to verify some information.

Last time we recorded that (PERSON) (or someone in the family) usually pay(s) a {\$ AMT COPAY} copayment to (PROVIDER). Is this still the correct copayment amount?

YES	1	{CP03}
NO	2	{CP02OV}
NOT A COPAYMENT SITUATION ANYMORE	99	{CP03}

Refused	RF	{CP03}
Don't Know	DK	{CP03}

[HELP AVAILABLE FOR DEFINITION OF COPAYMENT.](#)


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DISPLAY INSTRUCTIONS:
DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE
EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER
MEDICAL EXPENSES).  OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES)

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE
HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN
THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{$ AMT COPAY}:  DISPLAY THE CP110V1 AMOUNT FLAGGED AS
'COPLAYMENT SITUATION' DURING THE PREVIOUS ROUND FOR THIS
PERSON-PROVIDER PAID.
=====
PROGRAMMER NOTES:
IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE), FLAG THIS
PERSON-PROVIDER AND THIS PERSON AS 'NOT A COPAYMENT SITUATION'
FOR THE CURRENT ROUND.

IF CODED '1' (YES), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG
THIS PERSON-PROVIDER PAIR AND THIS PERSON AS 'COPAYMENT
SITUATION' FOR THE CURRENT ROUND AND SET COPAYMENT AMOUNT FROM
THE PREVIOUS ROUND AS THE PERSON'S COPAYMENT AMOUNT FOR THE
CURRENT ROUND.
    
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Hard CHECK:

CP020V

Help Enabled (CP02Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
CPAY.CPAYAMT	CORRECT COPAYMENT AMOUNT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

What is the correct copayment amount?

AMOUNT: \$ _____ {CP03}
 NOT A COPAYMENT SITUATION ANYMORE 99 {CP03}

Refused RF {CP03}
 Don't Know DK {CP03}

[HELP AVAILABLE FOR DEFINITION OF COPAYMENT.](#)

PROGRAMMER NOTES:
 SET DOLLAR AMOUNT ENTERED AT CP020V AS THE NEW COPAYMENT AMOUNT FOR THIS PERSON-PROVIDER PAIR FOR THE CURRENT ROUND. USE THIS AMOUNT IN CP04.

IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE), DO NOT FLAG THIS PERSON-PROVIDER AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND.

IF CODED 'RF' (REFUSED), OR 'DK' (DON'T KNOW), FLAG THIS PERSON-PROVIDER PAIR AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND AND SET COPAYMENT AMOUNT FROM PREVIOUS ROUND AS COPAYMENT AMOUNT FOR THE CURRENT ROUND.

Hard CHECK:
 COPAYMENT DOLLAR AMOUNT MUST BE WHOLE DOLLAR AMOUNT < OR = \$50.

CP03

Help Enabled ([CP03Help](#)) Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME
OF FLAT FEE EVENT GROUP}}

Now I'd like to ask you about the charges for {(PERSON)'s stay at
(HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER)
on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE}
for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME
ITEM GROUP NAME} used by (PERSON) since (START DATE)/services
received at home from (PROVIDER) during (MONTH) for (PERSON)}.

{Let's begin with the charges from the hospital itself, not including any
separate physician services or lab tests.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF CHARGE.

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES)

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES)

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY '(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)' IF EVENT TYPE IS HS.

DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN.

DISPLAY 'the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)' IF EVENT TYPE IS PM.

FOR '{NAME OF PRESCRIBED MEDICINE}', DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'the services for (FLAT FEE GROUP) for (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE) IF EVENT TYPE IS OM.

FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT, AS FOLLOWS:

DISPLAY 'glasses or contact lenses' IF THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR THE OM EVENT BEING ASKED ABOUT.

FOR '(EVN - DT)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

DISPLAY 'services received at home from (PROVIDER) during (MONTH) for (PERSON)' IF EVENT TYPE IS HH.

DISPLAY '{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}' IF EVENT TYPE IS HS.

ROUTING INSTRUCTION:

IF PERSON-PROVIDER PAIR FLAGGED AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND, AND THIS EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP, CONTINUE WITH CP04.

IF EVENT TYPE IS OM AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE WITH CP03A.

OTHERWISE, GO TO CP05.

CP03A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.OMCHARGE	WAS OM ITEM PURCHASED OR RENTED?	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Did (PERSON) (or anyone in the family) purchase or rent the {OME ITEM GROUP NAME} used by (PERSON)?

SELECT 'NO CHARGE' IF RESPONDENT VOLUNTEERS OME ITEM GROUP HAD NO CHARGE BECAUSE IT WAS BORROWED OR FREE FROM A CHARITY, ETC.

PURCHASED	1	{CP05}
RENTED	2	{CP05}
NO CHARGE: BORROWED, FREE FROM CHARITY/ORGANIZATION, ETC.	95	{BOX_26}

Refused	RF	{CP05}
Don't Know	DK	{CP05}

CP04

Help Enabled ([CP04Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.KNOWCPAY	ONLY KNOW COPAYMENT AMOUNT	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Is this the type of situation where (PERSON) (or someone in the family) only paid the {\$ AMT COPAY} copayment for this visit and (PERSON) (do/does) not know the total charge?

YES	1	{CP37}
NO	2	{CP05}
Refused	RF	{CP05}
Don't Know	DK	{CP05}

HELP AVAILABLE FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES)

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES)

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{\$ AMT COPAY}: DISPLAY THE CP020V OR CP110V1 AMOUNT FLAGGED AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND FOR THIS PERSON-PROVIDER PAIR.

PROGRAMMER NOTES:
IF CODED '1' (YES), COPY ALL PREVIOUS COPAYMENT CHARGE PAYMENT
DATA FOR THE PERSON-PROVIDER PAIR TO THIS EVENT-PROVIDER-
PAIR.

IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW),
IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS PERSON-PROVIDER
PAIR FOR THIS EVENT (THAT IS, COLLECT CHARGE/PAYMENT
INFORMATION FOR THIS EVENT-PROVIDER PAIR).

ROUTING INSTRUCTION:
IF CODED '1' (YES), GO TO CP37.

IF CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW),
CONTINUE WITH CP05.



CP05 Help Enabled (CP05Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.RCVDBILL	ANY BILL/STATEMENT RECEIVED	2
FFEE.RCVDBILL	ANY BILL/STATEMENT RECEIVED	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

(Have/Has) (PERSON) (or anyone in the family) received anything in writing, such as a bill, receipt, or statement, for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}?

PROBE: Include anything in writing received by family members living with (PERSON) as well as those living somewhere else.

YES, AND DOCUMENTATION AVAILABLE	1	{CP08}
YES, BUT DOCUMENTATION NOT AVAILABLE	2	{CP08}
NO	3	{CP06}
{NO, FREE SAMPLE}	4	{CP37}

Refused	RF	{CP06}
Don't Know	DK	{CP06}

HELP AVAILABLE FOR DEFINITION OF ANYTHING IN WRITING.

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE):
DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF
EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for
(PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME
OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT
FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF
EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START
DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE
OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED
ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS
OM AND THE OM ITEM GROUP IS '1' (GLASSES OR
CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP
IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP
IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP
IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'
(PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8'
(BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP
IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

PROGRAMMER NOTES:
 DISPLAY NO, FREE SAMPLE RESPONSE CATEGORY AND THE CORRESPONDING RADIO BUTTON ONLY IF THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM.

CP06

Help Enabled ([CP06Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.YNOBILL	WHY BILL/STATEMENT NOT RECEIVED	2
FFEE.YNOBILL	WHY BILL/STATEMENT NOT RECEIVED	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

SHOW CARD CP-1.

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Why (have/has) (PERSON) (or anyone in the family) not received anything in writing?

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

- | | | |
|--|----|----------|
| PAID AT TIME OF VISIT | 1 | {CP08} |
| MADE A COPAYMENT | 2 | {CP08} |
| BILL SENT DIRECTLY TO OTHER SOURCE | 3 | {CP07} |
| BILL HAS NOT ARRIVED | 4 | {CP08} |
| NO BILL SENT: | | |
| HMO PLAN | 5 | {BOX_04} |
| VA | 6 | {BOX_04} |
| MILITARY FACILITY | 7 | {BOX_04} |
| WELFARE/MEDICAID | 8 | {BOX_04} |
| WORKER'S COMPENSATION | 9 | {BOX_04} |
| PRIVATE HEALTH CENTER/CLINIC | 10 | {BOX_04} |
| PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY | 11 | {BOX_04} |
| NO CHARGE: TELEPHONE CALL | 12 | {CP37} |
| FREE FROM PROVIDER | 13 | {CP37} |
| GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS | 14 | {CP37} |

INCLUDED WITH OTHER CHARGES	95
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Refused	RF	{CP08}
Don't Know	DK	{CP08}

**HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES AND
FLAT FEE.**

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY THE INTERVIEWER INSTRUCTION 'SELECT "INCLUDED WITH OTHER CHARGES" IF THIS IS A FLAT FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE. OTHERWISE, USE A NULL DISPLAY.

PROGRAMMER NOTES:

NOTE: SHOW CARD FOR CODE '10' WILL READ: 'SCHOOL, EMPLOYER, OR OTHER PRIVATE HEALTH CENTER/CLINIC'. THE SHOW CARD FOR CODE '11' WILL INCLUDE THE FOLLOWING: '(INCLUDE COMMUNITY AND MIGRANT HEALTH CENTER, FEDERALLY QUALIFIED HEALTH CENTER, INDIAN HEALTH SERVICES)'. THE SHOW CARD FOR CODE '13' WILL INCLUDE THE FOLLOWING: '(PROFESSIONAL COURTESY/FREE SAMPLE)'. THESE CODES HAVE BEEN ABBREVIATED TO CONSERVE SPACE ON THE SCREEN.

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER-PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP.'

ROUTING INSTRUCTION:
IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED, AND THE EVENT
TYPE IS NOT PM AND THE THE EVENT-PROVIDER-PAIR DOES NOT
REPRESENTA FLAT FEE GROUP OR A VISIT GROUP, ASK THE FLAT FEE
(FF) SECTION.

CP07 Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.WHOBILL1	WHERE BILL SENT - VERBATIM 1	45
EVPV.WHOBILL2	WHERE BILL SENT - VERBATIM 2	45
EVPV.WHOBILL3	WHERE BILL SENT - VERBATIM 3	45
FFEE.WHOBILL1	WHERE BILL SENT - VERBATIM 1	45
FFEE.WHOBILL2	WHERE BILL SENT - VERBATIM 2	45
FFEE.WHOBILL3	WHERE BILL SENT - VERBATIM 3	45

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

To whom was the bill sent?

RECORD VERBATIM: _____ {CP07OV1}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

CP07OV1

Help Enabled (CP07OV1Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.WHOBILLC	WHERE BILL SENT - CODE	2
FFEE.WHOBILLC	WHERE BILL SENT - CODE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

INTERVIEWER: SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HMO	1	{BOX_04}
VA	2	{BOX_04}
TRICARE/CHAMPVA	3	{CP08}
OTHER MILITARY	4	{BOX_04}
WELFARE/MEDICAID	5	{BOX_04}
WORKER'S COMPENSATION	6	{BOX_04}
PRIVATE INSURANCE COMPANY	7	{BOX_04}
OTHER	91	{CP08}

Refused	RF	{CP08}
Don't Know	DK	{CP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX 04

IF:

- EVENT TYPE IS OM, HH, OR PM

OR

- EVENT TYPE IS HS

OR

- THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,
GO TO CP11.

OTHERWISE, GO TO CP10.

CP08

Help Enabled ([CP08Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.KNOWCHRG	KNOW THE TOTAL CHARGE	2
FFEE.KNOWCHRG	KNOW THE TOTAL CHARGE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Do you know the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}?

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

YES	1	{CP09}
NO	2	
INCLUDED WITH OTHER CHARGES	95	

Refused	RF	
Don't Know	DK	

HELP AVAILABLE FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY '(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)' IF EVENT TYPE IS HS.

DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT DATE)' IF EVENT TYPE IS ER, OP, MV, or DN.

DISPLAY the last purchase of '{NAME OF PRESCRIBED MEDICINE...}' for (PERSON)' IF EVENT TYPE IS PM. FOR 'NAME OF PRESCRIBED MEDICINE' DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'the services for (FLAT FEE GROUP) for (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY ' the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)' IF EVENT TYPE IS OM. FOR 'OME ITEM GROUP NAME' DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT AS FOLLOWS:

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)' IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

DISPLAY INTERVIEWER INSTRUCTION 'SELECT' 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP. OTHERWISE, USE A NULL DISPLAY.

PROGRAMMER NOTES:

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'

```
ROUTING INSTRUCTION:  
IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT  
TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT  
A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE  
(FF) SECTION.  
  
IF:  
CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW)  
AND  
  (EVENT TYPE IS OM, HH, OR PM  
  OR  
  EVENT TYPE IS HS  
  OR  
  THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP),  
GO TO CP11.  
  
IF:  
CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW)  
AND  
EVENT TYPE IS ER, OP, MV, OR DN,  
GO TO CP10.
```

CP09

Help Enabled (CP09Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.TYPECHRG	TYPE OF TOTAL CHARGE-AMOUNT OR FF	2
FFEE.TYPECHRG	TYPE OF TOTAL CHARGE-AMOUNT OR FF	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

How much was the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}?

Please include any amounts that may be paid by health insurance or other sources. {However, please do not include any services billed for separately such as physician charges or other services.}

{If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.}

IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES. DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES.

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

AMOUNT	1	{CP09OV}
INCLUDED WITH OTHER CHARGES	95	

HELP AVAILABLE FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE AND FLAT FEE.

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY 'However, please do not include any services billed for separately such as physician charges or other services.' IF EVENT TYPE IS HS, ER, OR OP. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.' IF CP05 IS CODED '1' (YES, AND DOCUMENTATION AVAILABLE). OTHERWISE, USE A NULL DISPLAY.

{PERSON}'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

{PERSON}'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, or DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE...} for {PERSON}: DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for {PERSON}: DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by {PERSON} since (START DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP

IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH. DISPLAY 'However, please do not include any services billed for separately such as physician charges or other services.' IF EVENT TYPE IS HS, ER, or OP. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.' IF CP05 IS CODED '1' (YES, AND DOCUMENTATION AVAILABEL). OTHERWISE, USE A NULL DISPLAY.

DISPLAY INTERVIEWER INSTRUCTION 'SELECT "INCLUDED WITH OTHER CHARGES" IF THIS IS A FLAT FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP. OTHERWISE, USE A NULL DISPLAY.

PROGRAMMER NOTES:
IF 'INCLUDED WITH OTHER CHARGES' DISPLAY THE FOLLOWING
MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-
PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE
FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE
GROUP.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-
PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE
FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT
VISIT GROUP.'

ROUTING INSTRUCTION:
IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND EVENT TYPE IS
NOT PM AND THE EVENT-PROVIDER-PAIR DOES NOT REPRESENTVA FLAT
FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF)
SECTION.



CP090V

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
EVPV.TLCHRG	TOTAL CHARGE FOR VISIT	9
FFEE.TLCHRG	TOTAL CHARGE FOR VISIT	9

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

\$ AMOUNT: _____

Refused RF
 Don't Know DK

```

ROUTING INSTRUCTION:
IF THE AMOUNT IS $0, GO TO CP37.

IF THE AMOUNT IS NOT $0
AND
  (EVENT TYPE IS OM OR PM
OR
  THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP
OR
  (EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS NOT FLAGGED
AS 'SEPARATELY BILLING'))
GO TO CP11.

IF:
EVENT TYPE IS ER, OP, MV, OR DN
AND
TOTAL CHARGE IS A NON-ZERO WHOLE NUMBER < OR = $50.00 OR
CP090V IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW),
GO TO CP10.

IF THE AMOUNT IS NOT $0, DK, OR REF AND THE EVENT TYPE IS HH,
CONTINUE WITH CP09A.

OTHERWISE, GO TO CP11.

```

Soft CHECK:
 SOFT RANGE CHECK: \$0 - \$100,000

CP09A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.HHVERIFY	TOTAL CHARGE VERIFICATION	2
FFEE.HHVERIFY	TOTAL CHARGE VERIFICATION	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Let me be sure I recorded this correctly. The total charge for the services received at home from (PROVIDER) during (MONTH) for (PERSON) was {\$ AMOUNT}.

Is that correct?

YES	1	{CP11}
NO	2	

Refused	RF	{CP11}
Don't Know	DK	{CP11}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.
 {\$ AMOUNT}: DISPLAY AMOUNT ENTERED AT CP090V.

PROGRAMMER NOTES:
IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE: 'USE BACKUP
TO CORRECT TOTAL CHARGE FOR THIS MONTH.

CP10

- Help Enabled ([CP10Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.SETAMT	PAY A CERTAIN SET AMOUNT EACH TIME	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Is this a situation in which (PERSON) (are/is) required to pay a certain set amount each time (PERSON) (visit/visits) (PROVIDER) regardless of what happens during the visit?

PROBE: For example, is this the type of situation in which (PERSON) always (make/makes) the same set dollar amount copayment?

YES	1	{CP11}
NO	2	{CP11}

Refused	RF	{CP11}
Don't Know	DK	{CP11}

HELP AVAILABLE FOR DEFINITION OF SET AMOUNT AND COPAYMENT

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

CP11 Help Enabled ([CP11Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.TYPFAMP	TYPE OF FAMILY PAYMENT \$ OR %	2
FFEE.TYPFAMP	TYPE OF FAMILY PAYMENT \$ OR %	2
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYM.PAYTYPE	TYPE OF PAYMENT	2
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.PAYTYPE	TYPE OF PAYMENT	2
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

How much of the {{AMT TOT CH}/total charge} did anyone in the family pay for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/ (PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}? Please include all amounts paid 'out-of-pocket,' that is, amounts paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR RF, SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS

1

{CP11OV1}

PERCENT

2

{CP11OV2}

[HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.](#)

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{{AMT TOT CH}/total charge}: DISPLAY '{AMT TOT CH}' IF AN AMOUNT IS GIVEN FOR THE TOTAL CHARGE AT CP090V. DISPLAY 'total charge' IF CP08 IS CODED '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), OR IS NOT ASKED OR IF IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW).

{AMT TOT CH}: DISPLAY THE DOLLAR AMOUNT ENTERED AT CP090V.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP
IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP
IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP
IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP
IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP
IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM
GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM
ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT
CATEGORY ENTERED IN THE OTHER SPECIFY FIELD
FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER,
DISPLAY THE START DATE OF THE CURRENT ROUND FOR
OM EVENTS THAT ARE 'REGULAR' GROUP TYPE
(EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR
OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE
(EV02A=2).

services received at home from (PROVIDER) during (MONTH) for
(PERSON): DISPLAY IF EVENT TYPE IS HH.

CP11OV1

Help Enabled (CP11Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.AMTUPAY	AMOUNT OF TOTAL CHARGE FAMILY PAID	9
FFEE.AMTUPAY	AMOUNT OF TOTAL CHARGE FAMILY PAID	9
PAYM.AMTPAID	AMOUNT PAID	9
PAYF.AMTPAID	AMOUNT PAID	9

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

DOLLARS: \$ _____ {BOX_05}

Refused RF {BOX_05}

Don't Know DK {BOX_05}

[HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.](#)

PROGRAMMER NOTES:
 WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER.
 WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

Soft CHECK:
 SOFT RANGE CHECK: \$0 - \$10,000

CP11OV2

Help Enabled (CP11Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.AMTUPCT	PERCENT YOU/FAMILY PAID	3
FFEE.AMTUPCT	PERCENT YOU PAID	3
PAYM.PCTPAID	PERCENT PAID	3
PAYF.PCTPAID	PERCENT PAID	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

PERCENT: _____ {BOX_05}

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

PROGRAMMER NOTES:
 MULTIPLY THE PERCENTAGE ENTERED BY THE TOTAL CHARGE ENTERED AT CP09 TO CALCULATE THE AMOUNT PAID BY THE FAMILY AT CP11.
 IF CP09 IS CODED 'RF' (REFUSED), OR 'DK' (DON'T KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE CALCULATED. RECORD DOLLAR AMOUNT PAID BY PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.
 WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER.
 WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

Soft CHECK:
 SOFT RANGE CHECK: 1% - 100%

BOX 05

```
IF:
CP110V1 OR CP110V2 IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW)
AND
CP08 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW)
AND
CP10 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW),
DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION WILL BE
NEEDED FOR THIS CASE. CONTINUE.'
THEN GO TO CP37.

OTHERWISE, CONTINUE WITH LOOP_01.
```

LOOP 01

```
FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON SOURCES OF DIRECT
PAYMENTS AND ASSOCIATED PAYMENT AMOUNTS, OTHER THAN PERSON/FAMILY. THE
RESPONSE TO CP130V DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT
CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND
ASSOCIATED AMOUNTS. IF CP130V IS CODED '1' (YES), THE LOOP CYCLES AGAIN.
IF CP130V IS NOT ASKED OR IS CODED '2' (NO), THE LOOP ENDS.
```

BOX LP01

```
IF FIRST CYCLE OF LOOP_01, CONTINUE WITH CP12.

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_01),
GO TO CP12A.
```

CP12

Help Enabled (CP12Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.SRCPDANY	ANY SOURCE ALREADY PAY	2
FFEE.SRCPDANY	ANY SOURCE ALREADY PAY	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Has any {other} source already paid {(PROVIDER)} for any of the charges for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/for services received at home from (PROVIDER) during (MONTH) for (PERSON)}?

YES	1	{CP12A}
NO	2	{END_LP01}

Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

[HELP AVAILABLE FOR A DEFINITION OF SOURCE AND 'ALREADY PAID'](#)

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY 'other' IN THE QUESTION TEXT IF AN AMOUNT WAS PAID BY PERSON/FAMILY; THAT IS, AN AMOUNT > \$0 OR 0% WAS ENTERED AT CP110V1 OR CP110V2. OTHERWISE USE A NULL DISPLAY.

'(PROVIDER)' IF EVENT TYPE IS NOT PM OR OM. IF EVENT TYPE IS PM OR OM, USE A NULL DISPLAY.

DISPLAY '(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)' IF EVENT TYPE IS HS.

DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN.

DISPLAY 'the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)' IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'the services for (FLAT FEE GROUP) for (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY 'the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)' IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP

IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

CP12A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYM.PAYTYPE	TYPE OF PAYMENT	2
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PAYTYPE	TYPE OF PAYMENT	2
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Who else paid? **PROBE:** Anyone else?

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

{CP13}

DISPLAY INSTRUCTIONS:
DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER
IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM'
(OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT
'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE
CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN
THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE
PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL
EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS
OM AND THE OM ITEM GROUP IS '1' (GLASSES OR
CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP
IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP
IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP
IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP
IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP
IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP
IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP
IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM
GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM
ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT
CATEGORY ENTERED IN THE OTHER SPECIFY FIELD
FOR OM EVENTS.

PROGRAMMER NOTES:
 WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

Roster Details		
Title:	RU_SOP_2	
Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

Roster Definition:
 Display the RU-Sources-Of-Payment-Roster for selection.

Roster Behavior:

- Multiple add and multiple select allowed.
- Add allowed. The screen displays a link "Add a source of payment" that the interviewer can select. Selecting the link displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See Box_00 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP01B, the added source will appear on the roster as selected.
- Select one. Interviewer may select only one source of payment.
- Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the interviewer has not left the screen. If delete is attempted when it is not allowed, CAPI displays the following error message: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
- Limited edit allowed. In interviewer adds a source of payment, editing is possible for that source only, as long as the interviewer has not left the screen. If edit is attempted when it is not allowed, CAPI displays the following error message: EDIT ALLOWED ONLY WHEN 'SOURCE FIRST ENTERED'.
- If Roster is empty when CAPI displays screen, display the standard WVS instruction: "EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES."

Roster Filter:
 Display all sources of payment on the roster except PERSON/FAMILY.

CP13

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.AMTPAID	AMOUNT PAID	9
PAYM.PCTPAID	PERCENT PAID	3
PAYF.AMTPAID	AMOUNT PAID	9
PAYF.PCTPAID	PERCENT PAID	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.

TOTAL CHARGE: {\$XXXXXXXXXX}

SOURCE OF PAYMENT	DOLLAR AMOUNT PAID	PERCENT AMOUNT PAID
PERSON/Family	\$ Amount	% Amount
Source of Payment	\$ Amount]	% Amount]
Source of Payment	\$ Amount]	% Amount]

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR OR PERCENT AMOUNT IS CODED 'DK' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF DOLLAR OR PERCENT AMOUNT IS CODED 'RF' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

PROGRAMMER NOTES:

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENT'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLARAMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.
2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES AREA ALLOWED TO SOURCES AT THE SCREEN.
3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.
4. THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE CHANGED OR CORRECTED.
5. WHEN CURSOR LEAVES THE CELL AND A DOLLAR OR PERCENTAGE AMOUNT HAS BEEN ENTERED AND THERE IS A TOTAL CHARGE, THE RECIPROCAL AMOUNT WILL BE DISPLAYED. FOR EXAMPLE, IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE. THIS DOLLAR AMOUNT WOULD THEN BE DISPLAYED IN THE DOLLAR AMOUNT PAID COLUMN (NEXT TO THE PERCENT AMOUNT PAID COLUMN).
6. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.
7. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER DIRECT PAYMENTS MADE TO THE PROVIDER AT THIS SCREEN.
8. THE CURSOR SHOULD FIRST APPEAR IN THE DOLLAR AMOUNT PAID COLUMN FOR THE FIRST SOURCE ADDED/SELECTED AT THE PREVIOUS SCREEN (NOT IN THE PERSON/FAMILY COLUMN).

Soft CHECK: \$0 - \$10,000

Roster Details		
Title:	EVNT_SOP_1	
Col #	Header	Instructions
1	SOURCE OF PAYMENT	Display Payment Source Name PAYM.REIMNAM/ PAYF.REIMNAM
2	DOLLAR AMOUNT PAID	Enter \$ Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID
3	PERCENT AMOUNT PAID	Enter % Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID

Roster Definition:
 Display the Event's-Sources-Of-Payment-Roster for Entry.

Roster Behavior:

1. Source column is protected; no changes are allowed to sources at this screen.
2. The PERSON/Family amount may be changed or corrected.
3. The interviewer can enter a dollar or a percentage amount for each source displayed.
4. The amount paid columns can be changed as many times as necessary before the interviewer leaves the screen.
5. When the dollar or percentage amount has been entered and there is a total charge, the reciprocal amount will be displayed. For example, if the interviewer enters a percentage, the dollar amount will be calculated using the total charge.
6. If a source is entered in error, the interviewer will zero out the amount paid.

Roster Filter:
 Display all sources selected at CP12A for this event-provider pair and the 'PERSON/FAMILY' record.

CP130V

Help Enabled (PAYMENTS) Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME
OF FLAT FEE EVENT GROUP}}

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE
PROVIDER?

YES	1	{END_LP01}
NO	2	{END_LP01}

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY
TO PROVIDER.

END_LP01

IF CP130V IS CODED '1' (YES), CYCLE TO COLLECT NEXT SOURCE OF PAYMENT.

IF CP130V IS NOT ASKED OR IS CODED '2' (NO), END LOOP_01 AND CONTINUE WITH
BOX_06.

BOX_06

IF 'AMOUNT PAID' BY PERSON/FAMILY > \$0, CONTINUE WITH LOOP_02.

OTHERWISE, GO TO BOX_07.

LOOP_02

FOR EACH OF THE FOLLOWING:

SOURCE OF REIMBURSEMENT 1
SOURCE OF REIMBURSEMENT 2
SOURCE OF REIMBURSEMENT 3
SOURCE OF REIMBURSEMENT 4

ASK BOX_LP02-END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON SOURCES OF REIMBURSEMENT TO PERSON/FAMILY AND ASSOCIATED REIMBURSEMENT AMOUNTS. THE RESPONSE TO CP150V DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS. IF CP150V IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP150V IS NOT ASKED OR IS CODED '2' (NO), THE LOOP ENDS.

BOX_LP02

IF FIRST CYCLE OF LOOP_02, CONTINUE WITH CP14.

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_02), GO TO CP14A.

CP14

Help Enabled ([CP14Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.PAYBACK	DOES R EXPECT SOURCE TO REIMBURSE	2
FFEE.PAYBACK	DOES R EXPECT SOURCE TO REIMBURSE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Has any source reimbursed or paid back anything to (PERSON) (or anyone in the family) for the amount paid 'out-of-pocket'? That is, has any source reimbursed any of the {\$/% FAMILY PAID} paid?

YES	1	{CP14A}
NO	2	{END_LP02}

Refused	RF	{END_LP02}
Don't Know	DK	{END_LP02}

HELP AVAILABLE FOR DEFINITION OF SOURCE AND REIMBURSEMENT

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

| {\$/% FAMILY PAID}: DISPLAY THE FAMILY DOLLAR AMOUNT PAID IF |
| CP11 IS CODED '1' (DOLLARS). DISPLAY THE FAMILY PERCENT |
AMOUNT PAID IF CP11 IS CODED '2' (PERCENT).

CP14A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYM.PAYTYPE	TYPE OF PAYMENT	2
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PAYTYPE	TYPE OF PAYMENT	2
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Who reimbursed or paid anyone in the family back?

PROBE: Anyone else?

[Name of Source of Reimbursement]

[Name of Source of Reimbursement]

[Name of Source of Reimbursement]

{CP15}

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

PROGRAMMER NOTES:
 WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

NOTE: SOURCES OF PAYMENTS AND SOURCES OF REIMBURSEMENTS ARE SELECTED FROM THE SAME RU LEVEL ROSTER OF SOURCES AND ROSTER BEHAVIOR IS THE SAME.

Roster Details		
Title:	RU_SOP_2	
Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

Roster Definition:
 Display the RU-Sources-Of-Payment-Roster for selection.

=====

Roster Behavior:

- Multiple add and multiple select allowed.
- Add allowed. The screen displays a link "Add a source of payment" that the interviewer can select. Selecting the link displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See Box_00 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP01B, the added source will appear on the roster as selected.
- Select one. Interviewer may select only one source of payment.
- Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the interviewer has not left the screen. If delete is attempted when it is not allowed, CAPI displays the following error message: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
- Limited edit allowed. In interviewer adds a source of payment, editing is possible for that source only, as long as the interviewer has not left the screen. If edit is attempted when it is not allowed, CAPI displays the following error message: EDIT ALLOWED ONLY WHEN 'SOURCE FIRST ENTERED'.
- If Roster is empty when CAPI displays screen, display the standard WVS instruction: "EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES."

=====

Roster Filter:
 Display all soources of payment on the roster except PERSON/FAMILY.

CP15

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.AMTPAID	AMOUNT PAID	9
PAYM.PCTPAID	PERCENT PAID	3
PAYF.AMTPAID	AMOUNT PAID	9
PAYF.PCTPAID	PERCENT PAID	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

How much did (SOURCE) reimburse or pay anyone in the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.

PERSON/FAMILY PAYMENT: {\$XXXXXXXXX} TOTAL CHARGE: {\$XXXXXXXXX}

SOURCE OF REIMBURSEMENT	DOLLAR AMOUNT REIMBURSED	PERCENT AMOUNT REIMBURSED
Source of Reimbursement	\$ Amount	% Amount
Source of Reimbursement	\$ Amount	% Amount

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER,

```

DISPLAY THE START DATE OF THE CURRENT ROUND FOR
OM EVENTS THAT ARE 'REGULAR' GROUP TYPE
(EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR
OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE
(EV02A=2).

PERSON/FAMILY PAYMENT: {$XXXXXXXXXX}: DISPLAY THE DOLLAR
AMOUNT ENTERED AT CP110V1 IF CP11 IS CODED '1' (DOLLARS).
DISPLAY THE PERCENT AMOUNT ENTERED AT CP110V2 IF CP11 IS CODED
'2' (PERCENT).

TOTAL CHARGE: {$XXXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT
CP090V. IF CP08 IS CODED '2' (NO), 'DK' (DON'T KNOW), OR IF
CP09 IS CODED 'DK' (DON'T KNOW), DISPLAY 'UNKNOWN' FOR
{$XXXXXXXXXX}. IF CP08 IS CODED 'RF' (REFUSED) OR IF CP09 IS
CODED 'RF' (REFUSED), DISPLAY 'REFUSED' FOR {$XXXXXXXXXX}.

=====

PROGRAMMER NOTES:
FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'REIMBURSEMENT'.
=====
    
```

Soft CHECK:
0 - 999999

Roster Details		
Title:	EVNT_SOP_1	
Col #	Header	Instructions
1	SOURCE OF PAYMENT	Display Payment Source Name PAYM.REIMNAM/ PAYF.REIMNAM
2	DOLLAR AMOUNT PAID	Enter \$ Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID
3	PERCENT AMOUNT PAID	Enter % Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID

```

=====
Roster Definition:
Display the Event's-Sources-Of-Payment-Roster for selection.

=====

Roster Behavior:
1. Source column is protected; no changes are allowed to
sources at this screen.
2. The interviewer can enter a dollar or a percentage amount
for each source displayed.
3. The amount paid columns can be changed as many times
as necessary before the interviewer leaves the screen.
4. When the dollar or percentage amount has been entered
and there is a total charge, the reciprocal amount will be
displayed. For example, if the interviewer enters a
percentage, the dollar amount will be calculated using
the total charge.
    
```

- | 5. If a source is entered in error, the interviewer will zero out the amount paid. If the total amount reimbursed by all sources exceeds the amount paid by the person/family, CAPI displays the message 'REIMBURSED AMOUNT GREATER THAN FAMILY PAYMENT. VERIFY REIMBURSED AMOUNT AND RE-ENTER OR JUMPBACK TO CP13.' If the interviewer reenters the same amounts, CAPI will accept it.
- | 6. Interviewers will be instructed to enter only reimbursements made to the family at the screen.
- | 7. The same source can be flagged or both a reimbursement and a direct payment. Only the amount of the direct payment will play into the resolution process.
- | 8. Post data collection editing will be necessary to determine the net payments of sources.

=====

| Roster Filter:
| Display all sources selected at CP14A for this event-provider pair.

CP150V

Help Enabled (REIMBURS) Comment Enabled Jump Back Enabled

ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES	1	{END_LP02}
NO	2	{END_LP02}

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

END_LP02

IF CP150V CODED '1' (YES), CYCLE TO COLLECT NEXT SOURCE OF REIMBURSEMENT.

IF CP150V IS NOT ASKED OR IS CODED '2' (NO), END LOOP_02 AND CONTINUE WITH BOX_07.

BOX_07

GO TO BOX_11.

BOX_11

IF CP14 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO BOX_09.

OTHERWISE, CONTINUE WITH BOX_10.

NOTE: THIS BOX SKIPS PEOPLE OVER CP18 (EXPECT ANY REIMBURSEMENT) FOR INDIVIDUALS WHO HAVE ALREADY TOLD US THAT THE PAYMENT WAS A COPAYMENT (CP10 IS CODED '1') AND THEY HAVE NOT BEEN REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED '2', 'RF', OR 'DK').

BOX_10

IF AMOUNT PAID BY PERSON/FAMILY IS > \$0, CONTINUE WITH CP18.

OTHERWISE, GO TO BOX_09.

CP18

Help Enabled (REIMBURS) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.OTHSRCS	OTHER SOURCES EXPECTED TO REIMBURSE	2
FFEE.OTHSRCS	OTHER SOURCES EXPECTED TO REIMBURSE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Do you expect any {other} source to reimburse anyone in the family for what has been paid?

- | | | |
|------------|----|----------|
| YES | 1 | {CP19} |
| NO | 2 | {BOX_09} |
| ----- | | |
| Refused | RF | {BOX_09} |
| Don't Know | DK | {BOX_09} |

[HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.](#)

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.
 DISPLAY 'other' IF CP14 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

CP19 Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.TYPPBCK	CP19/34 REIMBURSEMENT TYPE \$ OR %	2
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.TYPPBCK	CP19/34 REIMBURSEMENT TYPE \$ OR %	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

How much does anyone in the family expect to be reimbursed?

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS	1	{CP19OV1}
PERCENT	2	{CP19OV2}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

CP19OV1

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PAYM.EXPTPBCK	CP19/34 AMT FAMILY EXPECTS REIMBURSED	9
PAYF.EXPTPBCK	CP19/34 AMOUNT FAM EXPECTS REIMBURSED	9

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

DOLLARS: \$ _____ {CP20}

 Refused RF {CP20}
 Don't Know DK {CP20}

Soft CHECK:
 SOFT RANGE CHECK: \$0 - \$10,000

CP19OV2

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PAYM.PCTPBCK	CP19/34 PERCENT FAM EXPECTS REIMBURSED	3
PAYF.PCTPBCK	CP19/34 PERCENT FAM EXPECTS REIMBURSED	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

PERCENT: _____ {CP20}

Refused RF {CP20}
 Don't Know DK {CP20}

Soft CHECK: SOFT RANGE CHECK: 1% - 100%
--

CP20 Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.REIMNAM	SOURCE OF PAYMENT	30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

From whom do you expect these reimbursements to come?

IF MORE THAN ONE SOURCE OF REIMBURSEMENT, PROBE FOR THE MAIN SOURCE (I.E., THE SOURCE REIMBURSING THE MOST).

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

[Name of Source of Direct Payment] {BOX_09}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

PROGRAMMER NOTES:
 WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

Roster Details		
Title:	RU_SOP_2	
Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

Roster Definition:
 Display the RU-Sources-Of-Payment-Roster for selection.

Roster Behavior:

1. Multiple add and multiple select allowed.
2. Add allowed. The screen displays a link "Add a source of payment" that the interviewer can select. Selecting the link displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See Box_00 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP01B, the added source will appear on the roster as selected.
3. Select one. Interviewer may select only one source of payment.
4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the interviewer has not left the screen. If delete is attempted when it is not allowed, CAPI displays the following error message: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
5. Limited edit allowed. In interviewer adds a source of payment, editing is possible for that source only, as long as the interviewer has not left the screen. If edit is attempted when it is not allowed, CAPI displays the following error message: EDIT ALLOWED ONLY WHEN 'SOURCE FIRST ENTERED'.
6. If Roster is empty when CAPI displays screen, display the standard WVS instruction: "EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES."

Roster Filter:
 Display all sources of payment on the resoter except but PERSON/FAMILY.

BOX 09

DETERMINE IF THERE IS AN OVERPAYMENT OR UNDERPAYMENT: SUBTRACT THE TOTAL PAYMENT FROM THE TOTAL CHARGE AT CP09. IF THE ABSOLUTE VALUE OF THE REMAINDER IS > 3% OR \$5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH BOX_12

OTHERWISE, DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.' THEN GO TO CP37

BOX 12

IF CP09 (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY, BUT EXCLUDING REIMBURSEMENTS) IS CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW), DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.' THEN GO TO CP37.

OTHERWISE, CONTINUE WITH BOX_13.

BOX 13

IF THE UNDERPAYMENT IS > 3% OR \$5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21.

IF THE OVERPAYMENT IS > 3% OR \$5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, GO TO LOOP_04.

CP21 Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.ELSEPAY	DOES R EXPECT SOMEONE ELSE TO PAY	2
FFEE.ELSEPAY	DOES R EXPECT SOMEONE ELSE TO PAY	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

Does anyone in the family or any other source expect to make additional payments for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/ (PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}?

YES	1	{CP22}
NO	2	{LOOP_03}

Refused	RF	{LOOP_03}
Don't Know	DK	{LOOP_03}

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE):
DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF
EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE...} for
(PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF
THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR
THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF
EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START
DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF
THE OTHER MEDICAL EXPENSES ITEM GROUP BEING
ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS
OM AND THE OM ITEM GROUP IS '1' (GLASSES OR
CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP
IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP
IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP
IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP
IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP
IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP
IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

CP22

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.TYFPAY	CP22/32 FAMILY PAY TYPE \$ OR %	2
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.TYFPAY	CP22/32 FAMILY PAY TYPE \$ OR %	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

How much more does anyone in the family or any other source expect to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS	1	{CP22OV1}
PERCENT	2	{CP22OV2}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

CP22OV1

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.EXPTFPAY	CP22/32 AMOUNT FAMILY EXPECTS TO PAY	9
PAYF.EXPTFPAY	CP22/32 AMOUNT FAMILY EXPECTS TO PAY	9

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

DOLLARS: \$ _____ {BOX_14}

Refused RF {BOX_14}

Don't Know DK {BOX_14}

Soft CHECK:
 SOFT RANGE CHECK: \$0 - \$10,000

CP22OV2

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PCTFPAY	CP22/32 PERCENT FAMILY EXPECTS TO PAY	3
PAYF.PCTFPAY	CP22/32 PERCENT FAMILY EXPECTS TO PAY	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

PERCENT: _____ {BOX_14}

Refused RF {BOX_14}

Don't Know DK {BOX_14}

Soft CHECK:
SOFT RANGE CHECK: 0% - 100%

BOX 14

IF AN AMOUNT IS ENTERED AT CP22OV1 OR AT CP22OV2 OR IF CP22OV1 OR CP22OV2 ARE CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW), DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE. CONTINUE.' THEN GO TO CP37.

LOOP 03

FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP03-END_LP03

LOOP DEFINITION: LOOP_03 REVIEWS PAYMENT INFORMATION WHERE AN UNDERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE UNDERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE UNDERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND THE THE ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP240V DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP240V IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP240V IS CODED '2' (NO), THE LOOP ENDS.

BOX LP03

IF FIRST CYCLE OF LOOP_03, GO TO CP24.

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_03), CONTINUE WITH CP23.

CP23

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYM.PAYTYPE	TYPE OF PAYMENT	2
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PAYTYPE	TYPE OF PAYMENT	2
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Who else paid? **PROBE:** Anyone else?

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

{CP24}

DISPLAY INSTRUCTIONS:

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

PROGRAMMER NOTES:

WRITE SOURCES SELECTED TO THE EVENT'S-SOURCE-OF-PAYMENT-ROSTER.

Roster Details

Title: RU_SOP_2

Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

Roster Definition:
 Display the RU-Sources-Of-Payment-Roster for selection.

Roster Behavior:

1. Multiple add and multiple select allowed.
2. Add allowed. The screen displays a link "Add a source of payment" that the interviewer can select. Selecting the link displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See Box_00 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP01B, the added source will appear on the roster as selected.
3. Select one. Interviewer may select only one source of payment.
4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the interviewer has not left the screen. If delete is attempted when it is not allowed, CAPI displays the following error message: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
5. Limited edit allowed. In interviewer adds a source of payment, editing is possible for that source only, as long as the interviewer has not left the screen. If edit is attempted when it is not allowed, CAPI displays the following error message: EDIT ALLOWED ONLY WHEN 'SOURCE FIRST ENTERED'.
6. If Roster is empty when CAPI displays screen, display the standard WVS instruction: "EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES."

Roster Filter:
 None, display all.

CP24

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PAYM.AMTPAID	AMOUNT PAID	9
PAYM.PCTPAID	PERCENT PAID	3
PAYF.AMTPAID	AMOUNT PAID	9
PAYF.PCTPAID	PERCENT PAID	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

At the moment, it appears that {AMOUNT REMAINING} of the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)} is still unpaid. Let me be sure I have entered everything correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, BACK UP TO CP09.

UNDERPAYMENT: {\$XXXXXXXXX) TOTAL CHARGE: {\$XXXXXXXXXX)

SOURCE OF PAYMENT	DOLLAR AMOUNT PAID	PERCENT AMOUNT PAID
PERSON/Family	\$ Amount	% Amount
Source of Payment	\$ Amount	% Amount
Source of Payment	\$ Amount	% Amount

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11 IS A DOLLAR AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE, 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED 'DK' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED 'RF' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.

{AMOUNT REMAINING}: DISPLAY THE AMOUNT OF THE CALCULATED UNDERPAYMENT.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

UNDERPAYMENT: {\$XXXXXXXXX}: DISPLAY THE AMOUNT OF THE CALCULATED UNDERPAYMENT.

TOTAL CHARGE: {\$XXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT CP090V.

PROGRAMMER NOTES:
FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

Soft CHECK:
SOFT RANGE: 0 - \$100,000

Roster Details

Title: EVNT_SOP_1

Col #	Header	Instructions
1	SOURCE OF PAYMENT	Display Payment Source Name PAYM.REIMNAM/ PAYF.REIMNAM
2	DOLLAR AMOUNT PAID	Enter \$ Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID
3	PERCENT AMOUNT PAID	Enter % Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID

Roster Definition:
 Display the Event's-Sources-Of-Payment-Roster for entry.

Roster Behavior:

1. Source column is protected; no changes are allowed to sources at this screen.
2. The interviewer can enter a dollar or a percentage amount for each source displayed.
3. No corrections or updates may be made to source names or amounts of reimbursement.
4. When the dollar or percentage amount has been entered and there is a total charge, the reciprocal amount will be displayed. For example, if the interviewer enters a percentage, the dollar amount will be calculated using the total charge.
5. If a source is entered in error, the interviewer will zero out the amount paid.
6. Only new sources of direct payments may be added.

Roster Filter:
 Display all sources flagged as 'DIRECT PAYMENT' for this event.

CP240V

Help Enabled (PAYMENTS) Comment Enabled Jump Back Enabled

 DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES	1	{END_LP03}
NO	2	{END_LP03}

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

END LP03

IF CP240V IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT.

IF CP240V IS CODED '2' (NO), END LOOP_03 AND GO TO BOX_15.

LOOP 04

FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
 SOURCE OF DIRECT PAYMENT 2
 SOURCE OF DIRECT PAYMENT 3
 SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP04-END_LP04

LOOP DEFINITION: LOOP_04 REVIEWS PAYMENT INFORMATION WHERE AN OVERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE OVERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE OVERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP260V DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP260V IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP260V IS CODED '2' (NO), THE LOOP ENDS.

BOX LP04

IF FIRST CYCLE OF LOOP_04, GO TO CP26.

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_04),
CONTINUE WITH CP25.

CP25

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
SRCS.SRCSID	SRCS ID KEY: RUNTID + COUNTER(3)	10
SRCS.SRCSRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
SRCS.CREATEQ	QUESTION THAT CREATED SRCS SEGMENT	5
SRCS.SRCNAME	SOURCE OF PAYMENT NAME	35
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.REIMNAM	SOURCE OF PAYMENT	30
PAYM.PAYTYPE	TYPE OF PAYMENT	2
PAYM.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.REIMNAM	SOURCE OF PAYMENT	30
PAYF.PAYTYPE	TYPE OF PAYMENT	2
PAYF.PSRCSID	POINTER TO SOURCE OF PAYMENT RECORD	3

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Who else paid? **PROBE:** Anyone else?

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

[Name of Source of Direct Payment]

{CP26}

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS OM EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE

```

(EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR
OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE
(EV02A=2).
=====
PROGRAMMER NOTES:
WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-PAYMENT-
ROSTER.
=====
    
```

Roster Details		
Title:	RU_SOP_2	
Col #	Header	Instructions
1	Reimbursement Source	Reimbursement Source Name SRCS.SRCNAME

```

=====
Roster Definition:
Display the RU-Sources-Of-Payment-Roster for selection.
=====
Roster Behavior:
1. Multiple add and select allowed.
2. Add allowed. The screen displays a link "Add a source of
payment" that the interviewer can select. Selecting the
link displays a pop-up with a text entry field and a selectable
list of 15 common sources of payment. (See Box_00 for a
detailed list). The interviewer can type a new source or
select
one from the list. Upon return to CP01B, the added source
will appear on the roster as selected.
3. Select one. Interviewer may select only one source
of payment.
4. Limited delete allowed. If interviewer adds a source of
payment, delete is possible for that source only, as long
as the interviewer has not left the screen. If delete is
attempted when it is not allowed, CAPI displays the
following error message: 'DELETE ALLOWED ONLY WHEN
SOURCE IS FIRST ENTERED.'
5. Limited edit allowed. In interviewer adds a source of
payment, editing is possible for that source only, as
long as the interviewer has not left the screen. If edit
is attempted when it is not allowed, CAPI displays the
following error message: EDIT ALLOWED ONLY WHEN
'SOURCE FIRST ENTERED'.
6. If Roster is empty when CAPI displays screen, display
the standard WVS instruction: "EITHER THE ROSTER IS
EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY
CHOICES."
=====
Roster Filter:
None, display all.
=====
    
```

CP26

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.AMTPAID	AMOUNT PAID	9
PAYM.PCTPAID	PERCENT PAID	3
PAYF.AMTPAID	AMOUNT PAID	9
PAYF.PCTPAID	PERCENT PAID	3

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

The payments you reported for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)} exceed the charge I have recorded by {\$ DISCREPANCY}. Let me be sure I have all the information recorded correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, BACK UP TO CP09.

OVERPAYMENT: {\$XXXXXXXXXX} TOTAL CHARGE: {\$XXXXXXXXXX}

Source of Payment	Dollar Amount Paid	Percent Amount Paid
PERSON/Family	\$ Amount	% Amount
Source of Payment	\$ Amount	% Amount
Source of Payment	\$ Amount	% Amount

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11 IS A DOLLAR AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE, 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED 'DK' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED 'RF' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE):
DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF
EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for
(PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF
THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR
THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF
EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START
DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF
THE OTHER MEDICAL EXPENSES ITEM GROUP BEING
ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS
OM AND THE OM ITEM GROUP IS '1' (GLASSES OR
CONTACT LENSES).


```

DISPLAY 'ambulance services' IF THE OM ITEM GROUP
IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP
IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP
IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP
IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP
IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP
IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP
IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM
GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM
ITEM GROUP IS '91' (OTHER).

        FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT
        CATEGORY ENTERED IN THE OTHER SPECIFY FIELD
        FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER,
DISPLAY THE START DATE OF THE CURRENT ROUND FOR
OM EVENTS THAT ARE 'REGULAR' GROUP TYPE
(EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR
OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE
(EV02A=2).

services received at home from (PROVIDER) during (MONTH) for
(PERSON): DISPLAY IF EVENT TYPE IS HH.

{$ DISCREPANCY}: DISPLAY THE AMOUNT OF THE CALCULATED
OVERPAYMENT.

OVERPAYMENT: {$XXXXXXXXX}: DISPLAY THE AMOUNT OF THE
CALCULATED OVERPAYMENT.

TOTAL CHARGE: {$XXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT
CP090V.

=====

PROGRAMMER NOTES:
FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.
    
```

Soft CHECK: SOFT RANGE CHECK: 0 - \$100,000
--

Roster Details		
Title:	EVNT_SOP_1	
Col #	Header	Instructions
1	SOURCE OF PAYMENT	Display Payment Source Name PAYM.REIMNAM/ PAYF.REIMNAM
2	DOLLAR AMOUNT PAID	Enter \$ Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID
3	PERCENT AMOUNT PAID	Enter % Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID

Roster Definition:
 Display the Event's-Sources-Of-Payment-Roster for entry.

Roster Behavior:

1. Source column is protected; no changes are allowed to sources at this screen.
2. The interviewer can enter a dollar or a percentage amount for each source displayed.
3. No corrections or updates may be made to source names or amounts of reimbursement.
4. When the dollar or percentage amount has been entered and there is a total charge, the reciprocal amount will be displayed. For example, if the interviewer enters a percentage, the dollar amount will be calculated using the total charge.
5. If a source is entered in error, the interviewer will zero out the amount paid.
6. Only new sources of direct payments may be added.

Roster Filter:
 Display all sources flagged as 'DIRECT PAYMENT'.

CP260V

Help Enabled (PAYMENTS) Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME
OF FLAT FEE EVENT GROUP}}

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE
PROVIDER?

YES	1	{END_LP04}
NO	2	{END_LP04}

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY
TO PROVIDER.

END_LP04

IF CP260V IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF
PAYMENT.

IF CP260V IS CODED '2' (NO), END LOOP_04 AND CONTINUE WITH BOX_15.

BOX_15

RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT.

IF UNDERPAYMENT IS > 3% OR \$5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE,
CONTINUE WITH BOX_19.

OTHERWISE, GO TO CP37.

BOX_19

IF CP21 WAS ASKED, GO TO CP37.

OTHERWISE, CONTINUE WITH BOX_20.

BOX 20

IF UNDERPAYMENT IS STILL > 3% OR \$5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE,
CONTINUE WITH CP31 USING THE DIFFERENCE IN THE DISPLAY.

IF UNDERPAYMENT IS NOT > 3% OR \$5 (WHICHEVER IS HIGHER) OF THE TOTAL
CHARGE, GO TO CP37.

CP31

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.UPAYMOR	EXPECT ANYONE IN FAMILY TO PAY MORE	2
FFEE.UPAYMOR	EXPECT ANYONE IN FAMILY TO PAY MORE	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

TOTAL CHARGE: {\$XXXXXXXXXX} DIFFERENCE: {\$XXXXXXXXXX}

SOURCE OF REIMBURSEMENT	DOLLAR AMOUNT OF REIMBURSEMENT	PERCENT OF REIMBURSEMENT
PERSON/Family	\$ Amount	% Amount
Source of Payment	\$ Amount]	% Amount]
Source of Payment	\$ Amount]	% Amount]

TOTAL CHARGE: {\$XXXXXXXXXX} DIFFERENCE: {\$XXXXXXXXXX}

Do you expect anyone in the family to pay any {amount/more}?

YES	1	{CP32}
NO	2	{CP37}

Refused	RF	{CP37}
Don't Know	DK	{CP37}

```

DISPLAY INSTRUCTIONS:
DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE
EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER
MEDICAL EXPENSES).  OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE
HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN
THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{amount/more}: DISPLAY 'amount' IF PERSON/FAMILY PAYMENT IS
$0/0%.  DISPLAY 'more' IF PERSON/FAMILY PAYMENT IS NOT EQUAL
TO $0/0% (INCLUDING DON'T KNOW AND REFUSED RESPONSES).

TOTAL CHARGE: {$XXXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT
CP090V.

DIFFERENCE: {$XXXXXXXXXX}: DISPLAY THE AMOUNT OF THE RE-
CALCULATED UNDERPAYMENT.
    
```

Roster Details		
Title:	EVNT_SOP_1	
Col #	Header	Instructions
1	SOURCE OF PAYMENT	Display Payment Source Name PAYM.REIMNAM/ PAYF.REIMNAM
2	DOLLAR AMOUNT PAID	Enter \$ Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID
3	PERCENT AMOUNT PAID	Enter % Amount Paid PAYM.AMTPAID/ PAYF.AMTPAID

```

Roster Definition:
Display the Event's-Sources-Of-Payment-Roster for display.
=====

Roster Behavior:
1.This matrix is read-only.
=====

Roster Filter:
Display all sources flagged as 'DIRECT PAYMENT'.
    
```


CP32

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PAYMID	PAYM ID KEY: EVPVID + COUNTER(2)	25
PAYM.PAYMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYM.CREATEQ	QUESTION THAT CREATED PAYM SEGMENT	5
PAYM.TYFPAY	CP22/32 FAMILY PAY TYPE \$ OR %	2
PAYF.PAYFID	PAYF ID KEY: FFEEID + COUNTER(2)	12
PAYF.PAYFRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PAYF.CREATEQ	QUESTION WHERE PAYM RECORD CREATED	5
PAYF.TYFPAY	CP22/32 FAMILY PAY TYPE \$ OR %	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

How much do you expect anyone in the family to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS	1	{CP32OV1}
PERCENT	2	{CP32OV2}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

CP32OV1

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.EXPTFPAY	CP22/32 AMOUNT FAMILY EXPECTS TO PAY	9
PAYF.EXPTFPAY	CP22/32 AMOUNT FAMILY EXPECTS TO PAY	9

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

DOLLARS: \$ _____ {CP37}

Refused RF {CP37}
 Don't Know DK {CP37}

Soft CHECK: SOFT RANGE CHECK: \$0 - \$10,000

CP32OV2

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PAYM.PCTFPAY	CP22/32 PERCENT FAMILY EXPECTS TO PAY	3
PAYF.PCTFPAY	CP22/32 PERCENT FAMILY EXPECTS TO PAY	3

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

PERCENT: _____ {CP37}

Refused	RF	{CP37}
Don't Know	DK	{CP37}

Soft CHECK: SOFT RANGE CHECK: 1% - 100%
--

CP37

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.MEMCHRG	SOURCE OF INFO USED-R'S MEMORY OF CHARGE	2
EVPV.CKBOOK	SOURCE OF INFO USED - CHECKBOOK	2
EVPV.PROVBILL	SOURCE OF INFO USED-BILL FROM PROVIDER	2
EVPV.EXPLNMED	SOURCE OF INFO USED-EXPLANATION MEDICARE	2
EVPV.EXPLNPRV	SOURCE OF INFO USED-EXPLANATION PRIV INS	2
EVPV.NMES	SOURCE OF INFO USED - NMES CALENDAR	2
EVPV.PMCNTNR	SOURCE OF INFO USED - PM COUNTAINER	2
EVPV.SRCOTH	SOURCE OF INFO USED - OTHER	2
FFEE.MEMCHRG	SOURCE USED - R'S MEMORY OF CHARGES	2
FFEE.CKBOOK	SOURCE USED - CHECKBOOK	2
FFEE.PROVBILL	SOURCE USED - BILL FROM PROVIDER	2
FFEE.EXPLNMED	SOURCE USED - EXPLANATION MEDICARE	2
FFEE.EXPLNPRV	SOURCE USED - EXPLANATION PRIVATE INS	2
FFEE.NMES	SOURCE OF INFO USED - CALENDAR	2
FFEE.PMCNTNR	SOURCE OF INFO USED-PM CONTAINER	2
FFEE.SRCOTH	SOURCE OF INFO USED - OTHER	2

 {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

INTERVIEWER: WHAT RECORDS WERE USED IN COMPLETING THE CHARGE/PAYMENT INFORMATION FOR THE {VISIT TO (PROVIDER) ON (VISIT DATE)/THE VISITS FOR (FLAT FEE GROUP)/THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE}/THE {OME ITEM GROUP NAME} USED BY (PERSON) SINCE (START DATE)/SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR (PERSON)}?

CHECK ALL THAT APPLY.

- RESPONDENT'S/FAMILY MEMBER'S MEMORY 1
- RESPONDENT'S/FAMILY MEMBER'S CHECK BOOK 2
- STATEMENT, BILL OR RECEIPT FROM PROVIDER'S OFFICE 3
- EXPLANATION OF BENEFITS FROM:

Charge/Payment (CP) Section

Beta

MEDICARE	4	
PRIVATE INSURANCE CARRIER	5	
CALENDAR	6	
PRESCRIBED MEDICINE BOTTLE, BAG, OR CONTAINER	7	
OTHER	91	{CP37OV}

DISPLAY INSTRUCTIONS:

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

{THE VISIT TO (PROVIDER) ON (VISIT DATE): DISPLAY IF EVENT TYPE IS HS, OP, ER, MV, OR DN.

THE VISITS FOR (FLAT FEE GROUP): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE}: DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

THE {OME ITEM GROUP NAME} USED BY (PERSON) SINCE (START DATE): DISPLAY IF EVENT TYPE IS OM.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '(START DATE)', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR (PERSON): DISPLAY IF EVENT TYPE IS HH.

ROUTING INSTRUCTION:
IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH CP370V.

OTHERWISE, GO TO BOX_23.

CP37OV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.SRCOTHOS	SOURCE OF INFO USED OTHER SPECIFY	25
FFEE.SRCOTHOS	SOURCE OF INFO USED OTHER SPECIFY	25

OTHER SPECIFY: _____ {BOX_23}

BOX 23

IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4' (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5' (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE CARRIER)
AND
EVENT TYPE IS NOT PM OR OM,
CONTINUE WITH CP38.

OTHERWISE, GO TO BOX_24.

CP38

Help Enabled ([CP38Help](#)) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVPV.OTHPRVNM	DOES PROVIDER HAVE OTHER NAME	2
FFEE.OTHPRVNM	DOES PROVIDER HAVE OTHER NAME	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

INTERVIEWER: DOES THE PAPERWORK SHOW THAT (PROVIDER) HAS ANOTHER NAME?

YES	1	{CP39}
NO	2	{BOX_24}

HELP AVAILABLE FOR DEFINITION OF PROVIDER NAME.

```

DISPLAY INSTRUCTIONS:
DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE
EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER
MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM'
(PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).

DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE
HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN
THE HEADER IF THIS EVENT IS A FLAT FEE STEM.
    
```


CP39

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
EVPV.OTHRNAME	OTHER NAME FOR PROVIDER	30
FFEE.OTHRNAME	OTHER NAME FOR PROVIDER	30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

INTERVIEWER: ENTER OTHER NAME FOR (PROVIDER).

MEDICAL PROVIDER: _____ {BOX_24}

DISPLAY INSTRUCTIONS:
 DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.
 DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
 DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.
 DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.

BOX 24

IF:
EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,
OR
EVENT TYPE IS PM, HS, OM, OR HH,
OR
PERSON-PROVIDER PAIR ALREADY FLAGGED AS 'COPAYMENT SITUATION',
GO TO BOX_26.

OTHERWISE, CONTINUE WITH BOX_25.

BOX 25

IF [CP08 IS CODED '2' (NO), 'RF' (REFUSED), OR 'DK' (DON'T KNOW)] OR [THE
AMOUNT IN CP09 IS SET TO THE COPAYMENT AMOUNT] OR [CP08 AND CP09 WERE NOT
ASKED AND CP06 IS CODED '5' (NO BILL SENT: HMO PLAN), '6' (NO BILL SENT:
VA) OR '8' (NO BILL SENT: WELFARE/ MEDICAID)]
AND
CP10 IS CODED '1' (YES)
AND
CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR AMOUNT GREATER (>) THAN \$0
AND LESS THAN OR EQUAL (<=) TO \$50 IS ENTERED IN CP110V1, FLAG THIS PERSON-
PROVIDER PAIR AS A 'COPAYMENT SITUATION', THEN CONTINUE WITH BOX_26.

OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE WITH BOX_26.

BOX 26

FLAG CP STATUS OF EVENT-PROVIDER PAIR AS 'PROCESSED'.

END OF CHARGE PAYMENT (CP) SECTION.