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

```
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.
```

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.

2

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
```

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 that are not PERSON/FAMILY.

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.EXPTPPAY		

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.

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 CP11OV1 AMOUNT FLAGGED AS
'COPAYMENT 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.

Hard CHECK:

CP02OV

☑ 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 CP02OV 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 CP02OV OR CP11OV1 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

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.

CP09OV

☐ 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 CP09OV.
```

```
┌ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ─ ┐
│ 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 CP09OV.  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 CP09OV.

(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).
```

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```
     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:
CP11OV1 OR CP11OV2 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 CP13OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT
CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND
ASSOCIATED AMOUNTS.  IF CP13OV IS CODED '1' (YES), THE LOOP CYCLES AGAIN.
IF CP13OV 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
CP11OV1 OR CP11OV2. 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:
│ 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 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: {$XXXXXXXXX}

```
|-------------------|--------------------|-----------------------|
|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 NECESESSARY 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.
```

CP13OV

☑ 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 CP13OV IS CODED '1' (YES), CYCLE TO COLLECT NEXT SOURCE OF PAYMENT.

IF CP13OV 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
CP15OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF
ANY, COLLECT ADDITIONAL SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS.
IF CP15OV IS CODED '1' (YES), THE LOOP CYCLES AGAIN.  IF CP15OV 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:
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 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 | PERCENT AMOUNT   |
|                        |    REIMBURSED  |   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: {$XXXXXXXXX}: DISPLAY THE DOLLAR
  AMOUNT ENTERED AT CP11OV1 IF CP11 IS CODED '1' (DOLLARS).
  DISPLAY THE PERCENT AMOUNT ENTERED AT CP11OV2 IF CP11 IS CODED
  '2' (PERCENT).

  TOTAL CHARGE: {$XXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT
  CP09OV. IF CP08 IS CODED '2' (NO), 'DK' (DON'T KNOW), OR IF
  CP09 IS CODED 'DK' (DON'T KNOW), DISPLAY 'UNKNOWN' FOR
  {$XXXXXXXXX}. IF CP08 IS CODED 'RF' (REFUSED) OR IF CP09 IS
  CODED 'RF' (REFUSED), DISPLAY 'REFUSED' FOR {$XXXXXXXXX}.
```

```
  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.

CP15OV

☑ 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 CP15OV CODED '1' (YES), CYCLE TO COLLECT NEXT SOURCE OF REIMBURSEMENT.

IF CP15OV 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.TYPFPAY	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.TYPFPAY	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 CP24OV DETERMINES
WHETHER THE LOOP CYCLES AGAIN.  IF CP24OV IS CODED '1' (YES), THE LOOP
CYCLES AGAIN.  IF CP24OV 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: {$XXXXXXXX) TOTAL CHARGE: {$XXXXXXXX)

```
|-------------------|-------------------|----------------------|
|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
CP09OV.

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.
```

CP24OV

☑ 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 CP24OV IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF
PAYMENT.

IF CP24OV 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 CP26OV DETERMINES WHETHER
THE LOOP CYCLES AGAIN.  IF CP26OV IS CODED '1' (YES), THE LOOP CYCLES
AGAIN.  IF CP26OV 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: {$XXXXXXXX}   TOTAL CHARGE: {$XXXXXXXX}

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).

96

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
CP09OV.

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'.
```

CP26OV

☑ 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 CP26OV IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF
PAYMENT.

IF CP26OV 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: {$XXXXXXXX}   DIFFERENCE: {$XXXXXXXX}

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

TOTAL CHARGE: {$XXXXXXXX}   DIFFERENCE: {$XXXXXXXX}

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: {$XXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT
CP09OV.

DIFFERENCE: {$XXXXXXXXX}: 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.TYPFPAY	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.TYPFPAY	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 - EXPLAINATION 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:

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 CP37OV.

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 CP11OV1, 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.
```