

Charge Payment (CP) Section

BOX_00A

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| CONTEXT HEADER DISPLAY INSTRUCTIONS:
| DISPLAY PROV.PROVNAME, EVPV.EVNTTYPE,
| EVPV.EVNTBEGM, EVPV.EVNTBEGD, EVPV.EVNTBEGY,
| EVPV.EVNTENDM, EVPV.EVNTENDD, EVPV.EVNTENDY,
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY,
EVPV.RVNAME, FFEE.FFEENAME

| 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.

| 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).

| 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).

BOX_00
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| 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}'
 - 'SCHIP/{STATE NAME FOR CHIP}'
 - 'VA/(VETERAN'S ADMINISTRATION)/CHAMPVA'
 - 'TRICARE'
 - '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.

BEGINNING IN PANEL 13, ROUND 1, THE SOURCE OF
PAYMENT PICK LIST GROUPS VA AND CHAMPVA TOGETHER
RATHER THAN TRICARE AND CHAMPVA AS PAST ROUNDS
HAVE DONE.

THE SOP PICK LIST FOR ALL ROUNDS OF PANEL 12
READS:

'VA/VETERAN'S ADMINISTRATION'
'TRICARE/CHAMPVA'

THE PICK LIST FOR ALL ROUNDS OF PANEL 13 READS:
'VA (VETERAN'S ADMINISTRATION)/CHAMPVA'
'TRICARE'

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
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| IF EVENT TYPE IS PM AND IS OM TYPE 2 OR 3, GO |  
| TO CP03 |  
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| IF EVENT TYPE IS PM AND IS NOT OM TYPE 2 OR 3, |  
| CONTINUE WITH BOX_02 |  
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| OTHERWISE, GO TO BOX_03 |  
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BOX_02
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| IF PERSON ALREADY FLAGGED AS 'NO CP INFORMATION |  
| FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO |  
| TO BOX_26 |  
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| IF PERSON ALREADY FLAGGED AS 'CP INFORMATION FOR |  
| PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO TO |  
| CP03 |  
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| OTHERWISE, CONTINUE WITH CP01A |  
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CP01A
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Now I'd like to ask you about the charges for (PERSON)'s prescription medicine.

Has (PERSON)'s health insurance or another source of coverage helped pay for any of (PERSON)'s prescription medications since (START DATE)?

CODE "NO" IF PERSON REPORTS NO HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

YES	1	{CP01B}
NO	2	{CP01C}
REF	-7	{CP01C}
DK	-8	{CP01C}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

| QUESTIONS CP01A THROUGH CP01C WERE REVISED IN |
| PANEL 12 ROUND 3. STARTING IN PANEL 13, THESE |
ITEMS WILL BE INCORPORATED IN ALL ROUNDS.

CP01B
=====

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

Who **usually** helps pay?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

HELP AVAILABLE FOR DEFINITION OF SOURCE OF PAYMENT.

[Code One]

| WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENT |
ROSTER.

CONTINUE WITH CP01C

| ROSTER DETAILS: |
| TITLE: RU_SOP_2 |
| |
| COL # 1 HEADER: REIMBURSEMENT SOURCE |
| INSTRUCTIONS: DISPLAY 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. IF 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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

IF AMOUNT PAID IS NOTHING, ENTER 0.

IF AMOUNT PAID VARIES DEPENDING ON TYPE OF MEDICATION, ENTER THE OUT-OF-POCKET COST FOR THE **LAST** PRESCRIPTION FILLED DURING THE REFERENCE PERIOD.

IF MORE THAN ONE PRESCRIPTION WAS FILLED AT THE SAME TIME, ENTER THE AMOUNT FOR THE **LAST** PRESCRIPTION ON RECEIPT.

[Enter \$ Amount] {CP01}
REF -7 {CP01}
DK -8 {CP01}

HARD RANGE CHECK: \$0 - \$999,999

CP01COV2
=====

OMITTED.

PERCENT:

| BEGINNING IN PANEL 13 ROUND 2 AND PANEL 12 ROUND |
| 4, CP01C IS ASKED OF ALL PERSONS ASKED CP01A. |
PERCENT WAS REMOVED FROM CP01 AT THE SAME TIME.

CP01
=====

{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}
REF -7 {CP03}
DK -8 {CP03}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| 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), '-7' |
| (REFUSED), OR '-8' (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
=====

{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 {CP020V}
- NOT A COPAYMENT SITUATION ANYMORE 99 {CP03}
- REF -7 {CP03}
- DK -8 {CP03}

[Code One]

HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

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

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

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

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

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

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

| 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), '-7' (REFUSED), OR '-8'
| (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.

CP020V
=====

{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?

[Enter \$ Amount] {CP03}
NOT A COPAYMENT SITUATION ANYMORE 99 {CP03}
REF -7 {CP03}
DK -8 {CP03}

HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

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

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

| IF CODED '-7' (REFUSED), OR '-8' (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: |
\$1 - \$50.

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

CP03
=====

{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 {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.

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

| IF ROUND 3 OR 5 AND IF EVENT TYPE IS OM AND OM |
| GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE |
| WITH CP03A. (NOTE THAT ADDITIONAL OM EVENTS CAN |
BE ENTERED IN ROUNDS 3 AND 5 ONLY.

OTHERWISE, GO TO CP05

CP03A
=====

{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}
REF -7 {CP05}
DK -8 {CP05}

[Code One]

CP04
=====

{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}
REF -7 {CP05}
DK -8 {CP05}

HELP AVAILABLE FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

| DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE
| HEADER IF THE EVENT TYPE IS NOT 'PM' (PRESCRIBED
| MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).
| OTHERWISE, USE NULL VALUE.
|
| DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS
| NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER
| MEDICAL EXPENSES).
|
| DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS
| 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL
| EXPENSES).
|
| DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT
| GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT
| VISIT STEM.
|
| DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT
| GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE
| STEM.
|
| {\$ AMT COPAY}: DISPLAY THE CP020V OR CP110V1
| AMOUNT FLAGGED AS 'COPAYMENT SITUATION' FOR THE
CURRENT ROUND FOR THIS PERSON-PROVIDER PAIR.

| 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), '-7' (REFUSED), OR '-8' (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).

IF CODED '1' (YES), GO TO CP37

| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW), CONTINUE WITH CP05

CP05
=====

{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}
REF -7 {CP06}
DK -8 {CP06}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANYTHING IN WRITING.

| 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.

| 'NO, FREE SAMPLE' IS A RADIO BUTTON BELOW THE |
ENTRY FIELD.

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

CP06
=====

{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 (VETERANS ADMINISTRATION)/CHAMPVA...	6	{BOX_04}
INDIAN HEALTH SERVICE (IHS)	15	{BOX_04}
MILITARY FACILITY	7	{BOX_04}
PUBLIC ASSISTANCE/MEDICAID/SCHIP	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	
REF	-7	{CP08}
DK	-8	{CP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.

BEGINNING IN PANEL 13, ROUND 1, RESPONSE CATEGORY
6 AT CP06 GROUPS VA AND CHAMPVA TOGETHER.

CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL 12
READS:

'VA (VETERANS ADMINISTRATION)'

CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL
13 AND BEYOND READS:

'VA (VETERANS ADMINISTRATION)/CHAMPVA'

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.

| 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 SERVICE)'. 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.'

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

| INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN |
| PANEL 12 ROUND 3. STARTING IN PANEL 13, IT |
WILL BE AVAILABLE IN ALL ROUNDS.

CP07
=====

{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. TO CONTINUE PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[Enter Text] {CP070V1}

| 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. |

CP070V1
=====

{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 (VETERANS ADMINISTRATION)/CHAMPVA....	2	{BOX_04}
TRICARE	3	{CP08}
OTHER MILITARY	4	{BOX_04}
PUBLIC ASSISTANCE/MEDICAID/SCHIP	5	{BOX_04}
WORKER'S COMPENSATION	6	{BOX_04}
PRIVATE INSURANCE COMPANY	7	{BOX_04}
INDIAN HEALTH SERVICE (IHS)	8	{BOX_04}
OTHER	91	{CP08}
REF	-7	{CP08}
DK	-8	{CP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN |
| PANEL 12 ROUND 3. STARTING IN PANEL 13, IT |
| WILL BE AVAILABLE IN ALL ROUNDS. IT IS DISPLAYED |
ON THE PICK LIST BETWEEN VA/CHAMPVA AND TRICARE.

| BEGINNING IN PANEL 13, ROUND 1, THE RESPONSE |
| CATEGORIES AT CP070V1 GROUP VA AND CHAMPVA |
| TOGETHER RATHER THAN TRICARE AND CHAMPVA AS PAST |
| ROUNDS HAVE DONE. |
| CATEGORIES 2 AND 3 AT CP070V1 FOR ALL ROUNDS OF |
| PANEL 12 READ: |
| 'VA (VETERANS ADMINISTRATION)' |
| 'TRICARE/CHAMPVA' |
| CATEGORIES 2 AND 3 AT CP070V1 FOR ALL ROUNDS OF |
| PANEL 13 AND BEYOND READ: |
| 'VA (VETERANS ADMINISTRATION)/CHAMPVA' |
'TRICARE'

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
=====

{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
REF	-7
DK	-8

HELP AVAILABLE FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

| 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 THE OM EVENT BEING ASKED ABOUT.

| 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 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.

| 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.'

| 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), '-7' (REFUSED), OR '-8' (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), '-7' (REFUSED), OR '-8' (DON'T
| KNOW)
| AND
| EVENT TYPE IS ER, OP, MV, OR DN
GO TO CP10

CP09
=====

{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 {CP090V}
INCLUDED WITH OTHER CHARGES 95

[Code One]

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

| 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.

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 AVAILABLE). OTHERWISE, USE A NULL DISPLAY.

{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). |
|
| 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.

| 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.'

| 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.

CP090V

=====

{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:

[Enter \$ Amount]
REF -7
DK -8

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 '-7' (REFUSED) OR '-8' |
| (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 |
| |
| HARD CHECK: |
AMOUNT CANNOT BE < 0

CP09A
=====

{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
- REF -7 {CP11}
- DK -8 {CP11}

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

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

CP10
=====

{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}
REF -7 {CP11}
DK -8 {CP11}

HELP AVAILABLE FOR DEFINITION OF SET AMOUNT AND COPAYMENT.

| 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
=====

{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 REF, SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS 1 {CP110V1}
PERCENT 2 {CP110V2}

[Code One]

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

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

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

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

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

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

| {{AMT TOT CH}/total charge}: DISPLAY '{AMT TOT
| CH}' IF AN AMOUNT IS GIVEN FOR THE TOTAL CHARGE AT
| CP090V. DISPLAY 'total charge' IF CP08 IS CODED
| '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS
| NOT ASKED.

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

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

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

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

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

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

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

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

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.

CP110V1
=====

{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:

[Enter \$ Amount] {BOX_05}
REF -7 {BOX_05}
DK -8 {BOX_05}

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF- |
PAYMENT-ROSTER.

| WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF- |
PAYMENT-ROSTER.

| HARD RANGE CHECK: |
\$0 - \$999,999

CP110V2
=====

{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:

[Enter Percent %] {BOX_05}

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

| 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 '-7' (REFUSED), OR '-8' (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: 1% - 100%. |
| |
| HARD CHECK: |
| IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: 0, DK, RF ARE NOT ALLOWED ON THIS |
SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF.

BOX_05
=====

| IF: |
| CP110V1 OR CP110V2 IS CODED '-7' (REFUSED) OR '-8' |
| (DON'T KNOW) |
| AND |
| CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW) |
| AND |
| CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), |
| DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT |
| RESOLUTION WILL BE NEEDED FOR THIS CASE. |
CONTINUE.' THEN GO TO CP37

OTHERWISE, CONTINUE WITH LOOP_01

LOOP_01

=====

| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
ASK BOX_LP01-END_LP01

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

BOX_LP01

=====

IF FIRST CYCLE OF LOOP_01, CONTINUE WITH CP12

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

CP12
=====

{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}
- REF -7 {END_LP01}
- DK -8 {END_LP01}

HELP AVAILABLE FOR A DEFINITION OF SOURCE AND 'ALREADY PAID'.

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

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

| DISPLAY '(PROVIDER)' IN THE QUESTION TEXT 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

=====

{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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

<p>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.</p> <p>DISPLAY {EVN-DT} IN THE HEADER IF EVENT TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).</p> <p>DISPLAY {REF-DT} IN THE HEADER IF EVENT TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL EXPENSES).</p> <p>DISPLAY 'REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}' IN THE HEADER IF THIS EVENT IS A REPEAT VISIT STEM.</p> <p>DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.</p> <p>DISPLAY 'FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}' IN THE HEADER IF THIS EVENT IS A FLAT FEE STEM.</p> <p>{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.</p>
--

| {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.

| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
| PAYMENTS-ROSTER.
|

| CONTINUE WITH CP13
|

ROSTER DETAILS:
TITLE: RU_SOP_2

COL # 1 HEADER: REIMBURSEMENT SOURCE
INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME
(SRCS.SRCNAME)

ROSTER DEFINITION:
DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR
SELECTION.

ROSTER BEHAVIOR:

1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE 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 CP12A, THE ADDED SOURCE WILL APPEAR ON THE ROSTER AS SELECTED.
3. 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.'
4. 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."
5. PERSON/FAMILY IS FOR DISPLAY ONLY. THIS SOURCE IS AUTOMATICALLY SELECTED.

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| ROSTER FILTER:                                     |
| DISPLAY ALL SOURCES OF PAYMENT.                   |
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CP13
 =====

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

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

How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.

TOTAL CHARGE: {\$XXXXXXXXXX}

ROSTER. SOURCE OF PAYMENT	CP13_02. DOLLAR AMOUNT PAID	CP13_03. PERCENT AMOUNT PAID
PERSON/Family	[Display \$ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter \$ Amount]	[Enter % Amount]
[Display Source of Payment]	[Enter \$ Amount]	[Enter % Amount]

| 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.
|

| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.
|

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

| DISPLAY THE RESPONSE TO CP11 IN THE 'DOLLAR AMOUNT
| PAID' OR 'PERCENT 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 AMOUNT AT CP11 IS CODED '-8'
| (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH
| COLUMNS. IF DOLLAR AMOUNT AT CP11 IS CODED '-7'
| (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 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).

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

FEATURES OF THE SOURCE OF PAYMENT MATRIX:

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN SOURCES.
2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.
3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.
4. THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE CHANGED OR CORRECTED. NOTE THAT THE SCREEN WILL REQUIRE AN AMOUNT FOR PERSON/FAMILY IN THE DOLLAR COLUMN IN ORDER TO PROCEED. THIS DOLLAR AMOUNT MAY BE ENTERED BY THE INTERVIEWER OR CALCULATED BY CAPI BASED ON % OF TOTAL CHARGE WHERE TOTAL CHARGE IS KNOWN.
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.

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

CONTINUE WITH CP130V

| ROSTER DETAILS:
| TITLE: EVNT_SOP_1

| COL # 1 HEADER: SOURCE OF PAYMENT
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME
| (PAYM.REIMNAM/PAYF.REIMNAM)

| COL # 2 HEADER: DOLLAR AMOUNT PAID
| INSTRUCTIONS: ENTER \$ AMOUNT PAID
| (PAYM.AMTPAID/PAYF.AMTPAID)

| COL # 3 HEADER: PERCENT AMOUNT PAID
| INSTRUCTIONS: ENTER % AMOUNT PAID
(PAYM.PCTPAID/PAYF.PCTPAID)

| ROSTER DEFINITION:
| DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR
ENTRY.

| ROSTER BEHAVIOR:
| 1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE
| ALLOWED TO SOURCES AT THIS SCREEN.

| 2. THE PERSON/FAMILY AMOUNT MAY BE CHANGED OR
| CORRECTED.

| 3. THE INTERVIEWER CAN ENTER A DOLLAR OR A
| PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.

| 4. THE AMOUNT PAID COLUMNS CAN BE CHANGED AS MANY
| TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES
| THE SCREEN.

| 5. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN
| ENTERED AND THERE IS A TOTAL CHARGE, THE
| RECIPROCAL AMOUNT WILL BE DISPLAYED. FOR EXAMPLE,
| IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR
| AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE.

| 6. IF A SOURCE IS ENTERED IN ERROR, THE
INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

| ROSTER FILTER: |
| DISPLAY ALL SOURCES SELECTED AT CP12A FOR THIS |
| EVENT-PROVIDER PAIR AND THE 'PERSON/FAMILY' |
RECORD.

CP130V

=====

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

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

YES 1 {END_LP01}
NO 2 {END_LP01}

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

END_LP01

=====

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

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

BOX_06

=====

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

OTHERWISE, GO TO BOX_07

LOOP_02

=====

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| 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 |  
-----
```

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

BOX_LP02

=====

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| 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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT} {NAME OF PMED}
{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}
REF -7 {END_LP02}
DK -8 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF SOURCE AND REIMBURSEMENT.

| 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

=====

{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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Name of Source of Reimbursement-35]
- [2. Name of Source of Reimbursement-35]
- [3. Name of Source of Reimbursement-35]

| 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).

WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
PAYMENTS-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.

CONTINUE WITH CP15

| ROSTER DETAILS: |
| TITLE: RU_SOP_2 |
| COL # 1 HEADER: REIMBURSEMENT SOURCE |
| INSTRUCTIONS: DISPLAY 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 CP14A, 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. IF 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.

CP15
 =====

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

ROSTER. SOURCE OF REIMBURSEMENT	CP15_02. DOLLAR AMOUNT REIMBURSED	CP15_03. PERCENT AMOUNT REIMBURSED
[Display Source of Reimbursement]	[Enter \$ Amount]	[Enter % Amount]
[Display Source of Reimbursement]	[Enter \$ Amount]	[Enter % Amount]

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.

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 CP110V1 IF CP11 IS CODED |
| '1' (DOLLARS). DISPLAY THE PERCENT AMOUNT ENTERED |
AT CP110V2 IF CP11 IS CODED '2' (PERCENT).

| TOTAL CHARGE: {\$XXXXXXXXX}: DISPLAY THE AMOUNT |
| ENTERED AT CP090V. IF CP08 IS CODED '2' (NO), '-8' |
| (DON'T KNOW), OR IF CP09 IS CODED '-8' (DON'T |
| KNOW), DISPLAY 'UNKNOWN' FOR {\$XXXXXXXXX}. IF CP08 |
| IS CODED '-7' (REFUSED) OR IF CP09 IS CODED '-7' |
(REFUSED), DISPLAY 'REFUSED' FOR {\$XXXXXXXXX}.

| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS |
'REIMBURSEMENT'.

| SOFT CHECK: |
0 - 999999

| ROSTER DETAILS: |
| TITLE: EVNT_SOP_1 |
| |
| COL # 1 HEADER: SOURCE OF PAYMENT |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME |
| (PAYM.REIMNAM/PAYF.REIMNAM) |
| |
| COL # 2 HEADER: DOLLAR AMOUNT PAID |
| INSTRUCTIONS: ENTER \$ AMOUNT PAID |
| (PAYM.AMTPAID/PAYF.AMTPAID) |
| |
| COL # 3 HEADER: PERCENT AMOUNT PAID |
| INSTRUCTIONS: ENTER % AMOUNT PAID |
(PAYM.PCTPAID/PAYF.PCTPAID)

| 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 'SHOULD THIS ANSWER BE ACCEPTED OR CHANGED?' 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 THIS SCREEN.
7. THE SAME SOURCE CAN BE FLAGGED AS BOTH A REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE AMOUNT OF THE DIRECT PAYMENT WILL PLAY INTO THE RESOLUTION PROCESS.
8. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.

ROSTER FILTER:

DISPLAY ALL SOURCES SELECTED AT CP14A FOR THIS EVENT-PROVIDER PAIR.

CP150V
=====

ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES 1 {END_LP02}
NO 2 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

END_LP02
=====

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

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

BOX_07
=====

GO TO BOX_11

BOX_08
=====

OMITTED.

CP16
=====

OMITTED.

CP17
=====

OMITTED.

CP170V1
=====

OMITTED.

CP170V2

=====

OMITTED.

BOX_11

=====

| IF CP14 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (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', '-7', OR '-8').

BOX_10

=====

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

OTHERWISE, GO TO BOX_09

CP18
=====

{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}
REF -7 {BOX_09}
DK -8 {BOX_09}

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

| 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
=====

{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 {CP190V1}
PERCENT 2 {CP190V2}

[Code One]

| 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.
|

CP190V1
=====

{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:

[Enter \$ Amount] {CP20}
REF -7 {CP20}
DK -8 {CP20}

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

CP190V2
=====

{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:

[Enter % Amount] {CP20}
REF -7 {CP20}
DK -8 {CP20}

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

CP20
=====

{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).

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

[Code One]

| 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.
|

| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
| PAYMENTS-ROSTER.
|

CONTINUE WITH BOX_09

| ROSTER DETAILS:
| TITLE: RU_SOP_2
|
| COL # 1 HEADER: REIMBURSEMENT SOURCE
| INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME
| (SRCS.SRCNAME)
|

| ROSTER DEFINITION:
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR
| SELECTION.
|

| ROSTER BEHAVIOR:
|
| 1. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS AN
| "ADD SOURCES" OPTION. SELECTING THE OPTION
| DISPLAYS A POP-UP WITH A TEXT ENTRY FIELD AND A
| SELECTABLE LIST OF 15COMMON 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 CP20, THE ADDED SOURCE WILL
| APPEAR ON THE ROSTER AS SELECTED.
|
| 2. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE
| SOURCE OF PAYMENT.
|
| 3. 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.
|
| 4. 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.
|

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 CP090V (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY |  
| SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY, |  
| BUT EXCLUDING REIMBURSEMENTS) IS CODED '-7' |  
| (REFUSED) OR '-8' (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 |  
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BOX_13

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| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS |  
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21 |  
-----
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| IF THE OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS |  
| HIGHER) OF THE TOTAL CHARGE, GO TO LOOP_04 |  
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CP21
=====

{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}
REF -7 {LOOP_03}
DK -8 {LOOP_03}

| 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
=====

{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}

[Code One]

| 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. |

CP220V1
=====

{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:

[Enter \$ Amount] {BOX_14}
REF -7 {BOX_14}
DK -8 {BOX_14}

| HARD RANGE CHECK: |
\$0 - \$999,999

CP220V2
=====

{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:

[Enter % Amount] {BOX_14}
REF -7 {BOX_14}
DK -8 {BOX_14}

| HARD RANGE: 1% - 100%. |
| HARD CHECK: |
| IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: "0, DK, RF NOT ALLOWED ON THIS |
SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF."

BOX_14

=====

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-----  
| IF AN AMOUNT IS ENTERED AT CP220V1 OR AT CP220V2 |  
| OR IF CP220V1 OR CP220V2 ARE CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE |  
| FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT |  
| RESOLUTION NEEDED FOR THIS CASE. CONTINUE.' THEN |  
| GO TO CP37 |  
-----
```

LOOP_03

=====

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-----  
| 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 |  
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-----  
| 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 ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP |  
| CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF |  
| DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE |  
| RESPONSE TO CP240V DETERMINES WHETHER THE LOOP |  
| CYCLES AGAIN. IF CP240V IS CODED '1' (YES), THE |  
| LOOP CYCLES AGAIN. IF CP240V IS CODED '2' (NO), |  
| THE LOOP ENDS. |  
-----
```

BOX_LP03

=====

IF FIRST CYCLE OF LOOP_03, GO TO CP24

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

CP23

=====

{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?

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

{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 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).

| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF- |
PAYMENTS-ROSTER.

CONTINUE WITH CP24

| ROSTER DETAILS: |
| TITLE: RU_SOP_2 |
| COL # 1 HEADER: REIMBURSEMENT SOURCE |
| INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME |
(SRCS.SRCNAME)

| ROSTER DEFINITION: |
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS AN |
| "ADD SOURCES OF PAYMENT" OPTION. SELECTING THE |
| OPTION 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 CP23, THE ADDED |
| SOURCE WILL APPEAR ON THE ROSTER AS SELECTED. |
| 3. LIMITED DELETE ALLOWED. IF INTERVIEWER ADDS A |
| SOURCE OF PAYMENT" THAT SOURCE ONLY, AS SELECTED. |
| 4. 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
 =====

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

ROSTER. SOURCE OF PAYMENT	CP24_02. DOLLAR AMOUNT PAID	CP24_03. PERCENT AMOUNT PAID
PERSON/Family	[Display \$ Amount]	[Display % Amount]
[Display Source of Payment]	[Display \$ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter \$ Amount]	[Enter % Amount]

| 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/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 '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE
| AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR
| PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF'
| FOR THE AMOUNT IN BOTH COLUMNS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| UNDERPAYMENT: {\$XXXXXXXXX}: DISPLAY THE AMOUNT
| OF THE CALCULATED UNDERPAYMENT.
|
| TOTAL CHARGE: {\$XXXXXXXXX}: DISPLAY THE AMOUNT
| ENTERED AT CP090V.
|

| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS
| 'DIRECT PAYMENTS'.
|

| SOFT CHECK:
| WHOLE DOLLAR AMOUNT (INTEGER): 0 - \$100,000
|

| ROSTER DETAILS:
| TITLE: EVNT_SOP_1
|
| COL # 1 HEADER: SOURCE OF PAYMENT
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME
| (PAYM.REIMNAM/PAYF.REIMNAM)
|
| COL # 2 HEADER: DOLLAR AMOUNT PAID
| INSTRUCTIONS: ENTER \$ AMOUNT PAID
| (PAYM.AMTPAID/PAYF.AMTPAID)
|
| COL # 3 HEADER: PERCENT AMOUNT PAID
| INSTRUCTIONS: ENTER % AMOUNT PAID
| (PAYM.PCTPAID/PAYF.PCTPAID)
|

| ROSTER DEFINITION:
| DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR
| ENTRY.
|

| ROSTER BEHAVIOR: |
| 1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE |
| ALLOWED TO SOURCES AT THIS SCREEN. |
| 2. THE INTERVIEWER CAN ENTER A DOLLAR OR A |
| PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. |
| 3. NO CORRECTIONS OR UPDATES MAY BE MADE TO SOURCE |
| NAMES OR AMOUNTS OF REIMBURSEMENT. |
| 4. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN |
| ENTERED AND THERE IS A TOTAL CHARGE, THE |
| RECIPROCAL AMOUNT WILL BE DISPLAYED. FOR EXAMPLE, |
| IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR |
| AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE. |
| 5. IF A SOURCE IS ENTERED IN ERROR, THE |
| INTERVIEWER WILL ZERO OUT THE AMOUNT PAID. |
| 6. ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE |
ADDED.

| ROSTER FILTER: |
| DISPLAY ALL SOURCES FLAGGED AS 'DIRECT PAYMENT' |
FOR THIS EVENT.

CP240V
=====

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

YES 1 {END_LP03}
NO 2 {END_LP03}

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

END_LP03

=====

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

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

LOOP_04

=====

| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
ASK BOX_LP04-END_LP04

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

BOX_LP04

=====

IF FIRST CYCLE OF LOOP_04, GO TO CP26

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

CP25

=====

{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?

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

| 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).

| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
| PAYMENTS-ROSTER.
|

GO TO CP26

| ROSTER DETAILS:
| TITLE: RU_SOP_2
|
| COL # 1 HEADER: REIMBURSEMENT SOURCE
| INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME
| (SRCS.SRCNAME)
|

| ROSTER DEFINITION:
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR
| SELECTION.
|

| ROSTER BEHAVIOR:
| 1. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS AN
| "ADD SOURCES OF PAYMENT" OPTION. 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 CP25, THE ADDED SOURCE WILL APPEAR
| ON THE ROSTER AS SELECTED.
|
| 2. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE
| SOURCE OF PAYMENT.
|
| 3. 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.
|
| 4. 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
 =====

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

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

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

IF TOTAL CHARGE NEEDS CORRECTION, BACK UP TO CP09.

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

ROSTER. SOURCE OF PAYMENT	CP26_02. DOLLAR AMOUNT PAID	CP26_03. PERCENT AMOUNT PAID
PERSON/Family	[Display \$ Amount]	[Display % Amount]
[Display Source of Payment]	[Display \$ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter \$ Amount]	[Enter % Amount]

| 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.

| 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 '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE
| AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR
| PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF'
FOR THE AMOUNT IN BOTH COLUMNS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| {\$ DISCREPANCY}: DISPLAY THE AMOUNT OF THE
| CALCULATED OVERPAYMENT.
|
| OVERPAYMENT: {\$XXXXXXXXX}: DISPLAY THE AMOUNT
| OF THE CALCULATED OVERPAYMENT.
|
| TOTAL CHARGE: {\$XXXXXXXXX}: DISPLAY THE AMOUNT
| ENTERED AT CP090V.
|

| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS
| 'DIRECT PAYMENTS'.
|

| SOFT CHECK:
| WHOLE DOLLAR AMOUNT (INTEGER): 0 - \$100,000
|

| ROSTER DETAILS:
| TITLE: EVNT_SOP_1
|
| COL # 1 HEADER: SOURCE OF PAYMENT
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME
| (PAYM.REIMNAM/PAYF.REIMNAM)
|
| COL # 2 HEADER: DOLLAR AMOUNT PAID
| INSTRUCTIONS: ENTER \$ AMOUNT PAID
| (PAYM.AMTPAID/PAYF.AMTPAID)
|
| COL # 3 HEADER: PERCENT AMOUNT PAID
| INSTRUCTIONS: ENTER % AMOUNT PAID
| (PAYM.PCTPAID/PAYF.PCTPAID)
|

| 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. 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. |
| 4. IF A SOURCE IS ENTERED IN ERROR, THE |
INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

| ROSTER FILTER: |
DISPLAY ALL SOURCES FLAGGED AS 'DIRECT PAYMENT'.

CP260V
=====

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

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

YES 1 {END_LP04}
NO 2 {END_LP04}

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

END_LP04
=====

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

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

BOX_15
=====

```
-----  
| RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT. |  
-----
```

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

```
-----  
| OTHERWISE, GO TO CP37 |  
-----
```

BOX_16
=====

OMITTED.

CP27
=====

OMITTED.

CP28
=====

OMITTED.

CP280V1
=====

OMITTED.

CP280V2
=====

OMITTED.

BOX_17
=====

OMITTED.

BOX_18
=====

OMITTED.

CP29
=====

OMITTED.

CP30
=====

OMITTED.

CP300V1
=====

OMITTED.

CP300V2
=====

OMITTED.

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
 =====

{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}

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

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

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

- YES 1 {CP32}
- NO 2 {CP37}
- REF -7 {CP37}
- DK -8 {CP37}

 | 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 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.

| {amount/more}: DISPLAY 'amount' IF PERSON FAMILY |
| PAYMENT IS \$0/0%. DISPLAY 'more' IF PERSON/FAMILY |
| PAYMENT IS NOT EQUAL TO \$0/0% (INCLUDING DON'T |
| KNOW AND REFUSED RESPONSES). |
|
| TOTAL CHARGE: {\$XXXXXXXXXX}: DISPLAY THE AMOUNT |
| ENTERED AT CP090V. |
|
| DIFFERENCE: {\$XXXXXXXXXX}: DISPLAY THE AMOUNT OF |
THE RE-CALCULATED UNDERPAYMENT.

| ROSTER DETAILS: |
| TITLE: EVNT_SOP_1 |
|
| COL # 1 HEADER: SOURCE OF PAYMENT |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME |
| (PAYM.REIMNAM/PAYF.REIMNAM) |
|
| COL # 2 HEADER: DOLLAR AMOUNT PAID |
| INSTRUCTIONS: ENTER \$ AMOUNT PAID |
| (PAYM.AMTPAID/PAYF.AMTPAID) |
|
| COL # 3 HEADER: PERCENT AMOUNT PAID |
| INSTRUCTIONS: ENTER % AMOUNT PAID |
(PAYM.PCTPAID/PAYF.PCTPAID)

| 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
=====

{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 do you expect anyone in the family to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS 1 {CP32OV1}
PERCENT 2 {CP32OV2}

[Code One]

| 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 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.

CP320V1
=====

{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:

[Enter \$ Amount] {CP37}
REF -7 {CP37}
DK -8 {CP37}

| SOFT CHECK: |
WHOLE DOLLAR AMOUNT (INTEGER): \$0 - \$10,000

CP320V2
=====

{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:

[Enter % Amount] {CP37}
REF -7 {CP37}
DK -8 {CP37}

| SOFT CHECK: |
1% - 100%

BOX_21
=====

OMITTED.

CP33
=====

OMITTED.

MEPS FAMES P12R5/P13R3/P14R1 Charge Payment (CP) Section
December 8, 2008

CP34
=====

OMITTED.

CP340V1
=====

OMITTED.

CP340V2
=====

OMITTED.

BOX_22
=====

OMITTED.

CP35
=====

OMITTED.

CP36
=====

OMITTED.

CP37
=====

{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 {CP370V}

[Code All That Apply]

| 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.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH OTHER CODES, CONTINUE WITH CP370V

OTHERWISE, GO TO BOX_23

CP370V

=====

OTHER SPECIFY:

[Enter 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
=====

{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 {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
=====

{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).

[Enter Medical-Provider-65] {BOX_24}

| 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

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| IF [CP08 IS CODED '2' (NO), '-7' (REFUSED), OR |
| '-8' (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), '8' (NO BILL |
| SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP) OR '15' |
| (NO BILL SENT: INDIAN HEALTH SERVICE)] |
| AND |
| CP10 IS CODED '1' (YES) |
| AND |
| CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR |
| AMOUNT GREATER (>) THAN \$0 AND LESS THAN OR EQUAL |
| (<=) TO \$50 IS ENTERED IN CP110V1, |
| FLAG THIS PERSON-PROVIDER PAIR AS A 'COPAYMENT |
SITUATION', THEN CONTINUE WITH BOX_26

| OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE |
WITH BOX_26

BOX_26

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| FLAG CP STATUS OF EVENT-PROVIDER PAIR AS |
'PROCESSED'.

END OF CHARGE PAYMENT (CP) SECTION.

MEPS FAMES P12R5/P13R3/P14R1 Charge Payment (CP) Section
December 8, 2008