Charge Payment Summary (CPS)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX CPSBEG	routing	CPS REASON HAS ALREADY BEEN ASSIGNED TO ALL CHARGE BUNDLES ENTERED IN THE PAST 2 ROUNDS THAT HAVE MISSING CHARGE DATA. CPS REASON 1 = NO STATEMENT CHARGE BUNDLE, SP EXPECTED TO RECEIVE A STATEMENT CPS REASON 2 = NO STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE. CPS REASON 3 = STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE. CPS REASON 4 = NO STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN TOTAL CHARGE. - NO EVENTS FLAGGED AS REASON 4 IN ROUND 71. CPS REASON 5 = STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN AMOUNT REMAINING. - NO EVENTS FLAGGED AS REASON 5 IN ROUND 71. ~~CPS REASON 6 = SP MADE PAYMENT AND EXPECTED REIMBURSEMENT. - NO EVENTS FLAGGED AS REASON 6 IN ROUND 71.~~ ~~CPS REASON 7 = SP MADE PAYMENT AND DID NOT KNOW IF REIMBURSEMENT EXPECTED. - NO EVENTS FLAGGED AS REASON 7 IN ROUND 71.~~ ~~CPS REASON 8 = NO STATEMENT CHARGE BUNDLE ENTERED AT HOME OFFICE, SP EXPECTED TO RECEIVE A STATEMENT. - NO EVENTS FLAGGED AS REASON 8 IN ROUND 71.~~ CPS REASON 9 = R70 CHARGE BUNDLE, NO STATEMENT ENTERED, FOLLOW CPS REASON 1 PATH IN CPS, WE WILL REVIEW THIS LIST OF CHARGE BUNDLES AND WILL EXCLUDE ANY CHARGE BUNDLE WITH AN EVENT THAT HAS BEEN DELETED, HAS BEEN LINKED TO A STATEMENT CHARGE BUNDLE IN THE CURRENT ROUND, OR WAS ASKED ABOUT IN THE CURRENT ROUND NO STATEMENT SECTION AND THE SP IS NOT	
NAVIGATOR	CPS1_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED
CPSINT	CPS1	no entry	[Next, I will ask about some medical care that we talked about in a previous interview.] THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES [REMAINING] FOR SUMMARY. [First/Next], I want to ask about [READ EVENT(S) ABOVE].	
	BOX CPS1A	routing	IF CPS REASON = 1 OR 8 OR 9, GO TO CPS2 - RECDSTAT. ELSE GO TO BOX CPS1B.	
	BOX CPS1B	routing	CREATE SOURCE OF PAYMENT ROSTER IF CPS REASON = 2, 6 OR 7, GO TO BOX CPS2. ELSE IF CPS REASON = 3, GO TO CPS11 - CPTCHGPAID2. ELSE IF CPS REASON = 4, GO TO CPS13 - CPTCHGPAID3. ELSE IF CPS REASON = 5, GO TO CPS15 - CPTCHGPAID4.	
RECDSTAT	CPS2	code one	[IF CPS REASON=9 THEN DISPLAY IN BOLD: "EVENT REPORTED IN ROUND 70"] [At the last interview, [you were/(SP) was] expecting to receive a statement or paper from [Medicare, Insurance, and TRICARE/Medicare and TRICARE/Medicare and Insurance/Medicare).] [At the last interview, [you/(SP)] reported [READ EVENT(S) ABOVE]. [Have you/Has (SP)] received a statement for the [READ EVENT(S) ABOVE] (since then/since the last interview)? [PROBE IF NECESSARY: Please include any statements received about (your/(SP's)] Medicare prescription drug benefit.]	(01) STATEMENT RECEIVED AND AVAILABLE (02) STATEMENT RECEIVED, NOT AVAILABLE (03) STATEMENT NOT RECEIVED (-8) Don't Know (-9) Refused

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	BOX CPS2	routing	IF TOTAL CHARGE = DK OR RF AND ((ASKING ABOUT A NO STATEMENT CHARGE BUNDLE) OR (ASKING ABOUT A STATEMENT CHARGE BUNDLE AND TYPE OF STATEMENT IS NOT A MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT)), GO TO CPS3 - KNOWTOTL. ELSE IF CPS REASON = 2, GO TO CPS9 - CPTCHGPAID1.	
KNOWTOTL	CPS3	yes/no	Do you happen to know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE]?	(01) YES (02) NO (-9) Refused
	BOX CPS3	routing	IF CPS3 - KNOWTOTL = 1/Yes AND (TOTAL CHARGE WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS4 - TOTALCHG. ELSE IF CPS3 - KNOWTOTL = 1/Yes AND (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS5 - TOTALCHG. ELSE IF (CPS3 - KNOWTOTL = 2/No OR RF) AND (CPS REASON = 2), GO TO CPS9 - CPTCHGPAID1.	
TOTALCHG	CPS4	numeric	Including any amounts that may be paid by Medicare or anyone else, what was the total charge (that is, the amount billed)? ENTER 0 IF NO CHARGE FOR THE EVENT. [PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE. IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.]	(01) continuous answer (-8) Don't Know (-9) Refused
TOTALCHG	CPS5	numeric	What was the copayment amount for the [READ EVENT(S) ABOVE]? [EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, each time health services are provided. For example, the person may pay $20 for each office visit and $10 for each drug prescription.] ENTER 0 IF NO COPAYMENT FOR THE EVENT.	(01) continuous answer (-8) Don't Know (-9) Refused
	BOX CPS5A	routing	IF (CPS REASON = 2) AND (TOTAL CHARGE = 0) AND (SP IS CURRENTLY COVERED BY MEDICAID), GO TO BOX CPS32. ELSE GO TO BOX CPS5B.	
	BOX CPS5B	routing	FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO CPS6 - MONTHCOV. ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT TYPE = 'PM') OR (EVENT TYPE = 'OM' AND (OTHER MEDICAL EXPENSE IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES)), GO TO CPS7 - NUMLINKS. ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO CPS8 - RVLINKS. ELSE GO TO BOX CPS8A.	
MONTHCOV	CPS6	numeric	For the [READ OME ITEM ABOVE], how many months are covered by the charge for the period of time between (CHARGE BUNDLE REFERENCE PERIOD)? [IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)]	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused
NUMLINKS	CPS7	numeric	How many of the times [you/(SP)] obtained (MEDICINE NAME/OME ITEM TYPE) for the period between (CHARGE BUNDLE REFERENCE PERIOD) [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?	(01) continuous answer (-8) Don't Know (-9) Refused
RVLINKS	CPS8	numeric	How many of the [READ EVENT ABOVE] [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?	(01) continuous answer (-8) Don't Know (-9) Refused
	BOX CPS8A	routing	IF ANOTHER EVENT IS INCLUDED IN THE CHARGE BUNDLE, GO TO BOX CPS5B. ELSE GO TO BOX CPS8B.	
	BOX CPS8B	routing	IF CPS REASON = 2 AND TOTAL CHARGE ^= 0, GO TO CPS9 - CPTCHGPAID1. ELSE IF CPS REASON = 2 AND TOTAL CHARGE = 0, GO TO BOX CPS10.	

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CPTCHGPAID1	CPS9	code one	[Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE)), and that no payment had been made.] [Have you/Has (SP)] or any other source[, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of [the total charge/the copayment amount/this (TOTAL CHARGE)]?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) (TOTAL CHARGE/COPAYMENT AMOUNT) IS WRONG (-8) Don't Know (-9) Refused
TCHGWRONG	CPS10	no entry	YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE.	
	BOX CPS10	routing	IF (CPS9 - CPTCHGPAID1 = 1/SomeonePaid) OR (TOTAL CHARGE = 0), GO TO NS65 - NSADDSOP1. ELSE IF (CPS9 - CPTCHGPAID1 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT. ELSE GO TO BOX CPS32.	
CPTCHGPAID2	CPS11	code one	Last time, we recorded that [Medicare had paid [nothing and/(MEDICARE PAYMENT AMOUNT) and after Medicare paid,]] there was an amount remaining of (CPS AMOUNT REMAINING) for the [READ EVENT(S) ABOVE.] [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of this (AMOUNT REMAINING)?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) Don't Know (-9) Refused
TCHGWRONG	CPS12	no entry	YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID.	
	BOX CPS12	routing	IF (CPS11 - CPTCHGPAID2 = 1/SomeonePaid), GO TO ST65 - STADDSOP1. ELSE IF (CPS11 - CPTCHGPAID2 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT. ELSE IF (CPS11 - CPTCHGPAID2 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32.	
CPTCHGPAID3	CPS13	code one	Let me review what we recorded last time. [REVIEW WITH RESPONDENT.] The total of all payments is $(TOTAL PAYMENTS). The amount unpaid is $(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE). [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) TOTAL CHARGE SEEMS WRONG (04) PAYMENT AMOUNTS WRONG (-8) Don't Know (-9) Refused
TCHGWRONG	CPS14	no entry	YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.	
	BOX CPS14	routing	IF CPS13 - CPTCHGPAID3 = 1/Yes OR 4/PaymentsWrong, GO TO NS65 - NSADDSOP1. ELSE IF CPS13 - CPTCHGPAID3 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT. ELSE IF (CPS13 - CPTCHGPAID3 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32.	
CPTCHGPAID4	CPS15	code one	Let me review what we recorded last time. [REVIEW ABOVE WITH RESPONDENT.] There seems to be some amount still unpaid. The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount unpaid is $(DIFFERENCE BETWEEN PAYMENTS AND CPS AMOUNT REMAINING). [Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (04) PAYMENT AMOUNTS WRONG (-8) Don't Know (-9) Refused
TCHGWRONG	CPS16	no entry	YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.	
	BOX CPS16	routing	IF CPS15 - CPTCHGPAID4 = 1/Yes OR 4/PaymentsWrong, GO TO ST65 - STADDSOP1. ELSE IF CPS15 - CPTCHGPAID4 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT. ELSE IF (CPS15 - CPTCHGPAID4 = DK), GO TO CPS23 - RRDETAIL. ELSE GO TO BOX CPS32.	
EXPAYOUT	CPS17	yes/no	Do you expect that [you/(SP)] or any other source will pay any [of this amount/additional amount for [READ EVENT(S) ABOVE]]?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
	BOX CPS17	routing	IF (CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO CPS18 - EXPAYUNT. ELSE GO TO BOX CPS32.	
EXPAYUNT	CPS18	code one	How much do you expect will be paid?	(91) PERCENTAGE (02) DOLLARS (-8) Don't Know (-9) Refused
EXPAYPCT	CPS18	numeric	How much do you expect will be paid?	(01) continuous answer
EXPAYAMT	CPS18	numeric	How much do you expect will be paid?	(01) continuous answer
RRDETAIL	CPS23	yes/no	DID RESPONDENT MENTION (AN INSURANCE/A) REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS? [DO NOT ENTER A COMMENT HERE TO EXPLAIN THE SITUATION.]	(01) YES (02) NO (-8) Don't Know
RRADD	CPS24	yes/no	DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT? [DO NOT SELECT "YES" IF THE RESPONDENT KNOWS A REIMBURSEMENT AMOUNT, BUT DOES NOT KNOW WHO PAID IT.]	(01) YES (02) NO
CPADDSOP	CPS25	yes/no	ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT.	(01) YES (02) NO
SOP_CP	CPS26	roster	ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE.	(01) continuous answer
TSOPREIM_NAME	CPS27	grid	Who (else) paid (besides Medicare)? How much did (SOURCE) pay?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused
TSOPREIM_AMT	CPS27	grid	How much did (SOURCE) pay? REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT) ENTER ALL REIMBURESMENT AMOUNTS.	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused
	BOX CPS27A	routing	IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT CPS26, GO TO BOX CPS27B. ELSE GO TO BOX CPS29F.	
	BOX CPS27B	routing	IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT CPS26 IS A HEALTH INSURANCE PLAN AND CPREASON=3, GO TO CPS27BINT - PLANINTRO_CPS. ELSE GO TO BOX CPS29E.	
PLANINTRO_CPS	CPS27BINT	no entry	Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	
NAVIGATOR	CPS27B_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED
	BOX CPS27C	routing	CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT CPS26 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS28 - CPMHMOCHNG. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS29 - CPSOPCURR. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29A - CPMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29B - CPSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME. ELSE GO TO HIT2 - COVTIME.	
CPMHMOCHNG	CPS28	yes/no	I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	(01) YES (02) NO (-8) Don't Know (-9) Refused
CPSOPCURR	CPS29	yes/no	[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
CPMPDPCHNG	CPS29A	yes/no	I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed?	(01) YES (02) NO (-8) Don't Know (-9) Refused
CPSOPCURR2	CPS29B	yes/no	[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX CPS29A	routing	GO TO CPS27B_IN - NAVIGATOR.	
	BOX CPS29E	routing	IF AN "OTHER SOURCE OF PAYMENT" ADDED AT CPS26, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT CPS26 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX CPS29F.	
	BOX CPS29F	routing	CREATE REIMBURSEMENTS FOR AMOUNTS ENTERED AT CPS27. GO TO CPS30 - REIMBCOV.	
REIMBCOV	CPS30	yes/no	DOES THIS REIMBURSEMENT AMOUNT COVER ANY OTHER EVENTS BESIDES THOSE SHOWN ABOVE?	(01) YES (02) NO (-8) Don't Know
REIMCODE	CPS31	code all	WHAT OTHER TYPE(S) OF EVENT(S) ARE COVERD BY THIS REIMBURSEMENT? CHECK ALL THAT APPLY.	(01) SEPARATELY BILLING LAB (SL) (02) SEPARATELY BILLING DOCTOR (SD) (03) DENTAL (DU) (04) HOSPITAL EMERGENCY ROOM (ER) (05) HOSPITAL INPATIENT STAY (IP) (06) HOSPITAL OUTPATIENT VISIT (OP) (07) INSTITUTIONAL STAY (IU) (08) HOME HEALTH PROFESSIONAL (HP) (09) OTHER HOME HEALTH (HF) (10) OTHER VISITS TO MEDICAL PROVIDERS (MP) (11) OTHER MEDICAL EXPENSES (OM) (12) PRESCRIBED MEDICINES (PM) (-8) Don't Know
REIMCOMMENT	CPS32	no entry	PLEASE ENTER A COMMENT TO RECORD ANYTHING ELSE YOU KNOW ABOUT THIS REFUND (PROVIDER(S), DATE(S), ETC.)	
	BOX CPS32	routing	GO TO BOX CPSBEG.	
	BOX CPSEND	routing	GO TO NEXT SECTION.	