

Medicare Current Beneficiary Survey

Section Specifications for EXF

Round 69

EXPENDITURES

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BOX EXS1

BOX INSTRUCTIONS

IF COST DATA FROM THE PREVIOUS ROUND REMAINS TO BE COLLECTED, GO TO BOX EXS1A.

ELSE GO TO BOX EXBEG.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Load all PreloadBPERs and BPROs into current round arrays.

Variable Name	Assignment Instructions
WRITEBAS	If PERS.WRITEBAS = EMPTY, NULL and PreloadSP.WRITEBAS <> EMPTY, NULL, then PERS.WRITEBAS = PreloadSP.WRITEBAS
WRITEANC	If PERS.WRITEANC = EMPTY, NULL and PreloadSP.WRITEANC <> EMPTY, NULL, then PERS.WRITEANC = PreloadSP.WRITEANC
EXFCAID	If PERS.EXFCAID = EMPTY, NULL and PreloadSP.EXFCAID <> EMPTY, NULL, then PERS.EXFCAID = PreloadSP.EXFCAID
EXFCARE	If PERS.EXFCARE = EMPTY, NULL and PreloadSP.EXFCARE <> EMPTY, NULL, then PERS.EXFCARE = PreloadSP.EXFCARE
EXSPCAID	If PERS.EXSPCAID = EMPTY, NULL and PreloadSP.EXSPCAID <> EMPTY, NULL, then PERS.EXSPCAID = PreloadSP.EXSPCAID
BAS10FLG	If PERS.BAS10FLG = EMPTY, NULL and PreloadSP.BAS10FLG <> EMPTY, NULL, then PERS.BAS10FLG = PreloadSP.BAS10FLG
ANC10FLG	If PERS.ANC10FLG = EMPTY, NULL and PreloadSP.ANC10FLG <> EMPTY, NULL, then PERS.ANC10FLG = PreloadSP.ANC10FLG
EXDISP	EXDISP = 93/BreakOff

DESIGN NOTES

All dollar amounts (collected or calculated) are to be stored with two decimal places throughout the section.

BOX EXS1A

BOX INSTRUCTIONS

IF FIRST/NEXT PRELOAD BPER HAS PreloadBPRO.ANCLPOST = 0/No, DK or PreloadBPRO.ANYANCIL = DK, GO TO EX15PRES1 - EX15PRCT.

ELSE GO TO EX20S1PRE - BASSMINT.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Create current round BPRO.

Variable Name	Assignment Instructions
BPROBPER	BPRO.BPROBPER = BPERNUM
BPRORNDC	BPRO.BPRORNDC = current round

EX15PRES1

Code 1

QUESTION TEXT

The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.

(Please do not include non-health-related services such as hairdressing, television, or telephone).

PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.

PRESS "1" TO CONTINUE.

FIELD 1: EX15PRCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EXS2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX15SLONG	FACR.EX15SLONG = current round

BOX EXS2

BOX INSTRUCTIONS

If PreloadBPRO.ANCLPOST = 0/No, DK, GO TO EX16S1 - ANCLPOST.

ELSE GO TO EX17S1 - ANYANCIL.

EX16S1

Yes/No

QUESTION TEXT

Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?

FIELD 1: ANCLPOST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX7BS1
1	YES	EX17S1 - ANYANCIL
	Don't Know	BOX EX7BS1
	Refused	BOX EX7BS1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX17S1

Yes/No

QUESTION TEXT

Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?

FIELD 1: ANYANCIL**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX7BS1
1	YES	EX18S1 - ANCILAMT
	Don't Know	BOX EX7BS1
	Refused	BOX EX7BS1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX18S1

Dollar

QUESTION TEXT

Altogether, what was the total charge for those health-related ancillary services?

FIELD 1: ANCILAMT**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX7BS1
	Don't Know	BOX EX7BS1
	Refused	BOX EX7BS1

EX20S1PRE

Code 1

QUESTION TEXT

The next questions are about (SP)'s expenditures for room and board while a resident of (FACILITY).

FIELD 1: BASSMINT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX EX7BS1

BOX EX7BS1

BOX INSTRUCTIONS

IF PreloadBPRO.RECDBASP = 0/No, GO TO EX20S1 - RECDBASP.

ELSE IF PreloadBPRO.RECDANCP = 0/No or EX17S1 - ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP.

ELSE GO TO EX33BS1 - EXSBKCT.

EX20S1

Yes/No

QUESTION TEXT

Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDBASP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX14S1
1	YES	EX21AAS1 - ADDSOP1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX21AAS1

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP1**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX21ACS1 - BASRATE
1	YES	EX21ABS1 - PAYMPLN1

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = number portion of each SOP displayed in EX21AAS1 - ADDSOP1 report
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If PAYM.PAYMNUM = 9/HMOContract or 91/Other, then PAYM.PAYMTEXT = PAYMTEXT from most recent current or previous round PAYM

DESIGN NOTES

"VA CONTRACT" will be displayed in the report if the respondent ever said the SP was in the Armed Forces in BQ12.

EX21ABS1

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN1**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX21ACS1 - BASRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX21ACS1 - BASRATE
3	SOCIAL SECURITY	EX21ACS1 - BASRATE
4	SP/FAMILY INCOME	EX21ACS1 - BASRATE
5	PRIVATE INSURANCE	EX21ACS1 - BASRATE
6	PENSION	EX21ACS1 - BASRATE
7	MEDICARE	EX21ACS1 - BASRATE
8	VA CONTRACT	EX21ACS1 - BASRATE
9	HMO CONTRACT	EX21ABS1 - HMOOS1
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX21ACS1 - BASRATE
91	OTHER	EX21ABS1 - SOPOS1
	Don't Know	EX21ACS1 - BASRATE
	Refused	EX21ACS1 - BASRATE

FIELD 2: HMOOS1

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21ACS1 - BASRATE

FIELD 3: SOPOS1

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21ACS1 - BASRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = EX21ABS1 - PAYMPLN1
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If EX21ABS1-PAYMPLN1 = 9/HMOContract and PAYM.PAYMNUM = 9/HMOContract, then PAYM.PAYMTEXT = EX21ABS1-HMOOS1. Else if EX21ABS1 - PAYMPLN1 = 91/Other and PAYM.PAYMNUM = 91/Other, then PAYM. PAYMTEXT = EX21ABS1-SOPOS1.

EX21ACS1

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: BASRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX7CS1
	Don't Know	BOX EX7CS1
	Refused	BOX EX7CS1

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX21ABS1 - PAYMPLN1.
If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, or if added at EX21ABS1 - PAYMPLN1, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or if added at EX21ABS1 - PAYMPLN1.

Display 6/PENSION if there is a current or previous round PENSION payment or if added at

EX21ABS1 - PAYMPLN1.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or if added at EX21ABS1 - PAYMPLN1, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or if added at EX21ABS1 - PAYMPLN1.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or if added at EX21ABS1 - PAYMPLN1.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or if added at EX21ABS1 - PAYMPLN1.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	BASRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
BASICPAY	If any PAYM for PAYMNUM = BPERNUM has BASRATE = DK, RF, then BPER.BASICPAY = DK. Else BPER.BASICPAY = sum of all PAYM.BASRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate BASICPAY as each SOP is collected.

Store on EX21ACS1-BASRATE PAYM.

BOX EX7CS1

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BS1 - VEXPXTB.

ELSE GO TO BOX EX8S1.

EX21BS1

Verbatim Text

QUESTION TEXT

Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).

Please tell me why Medicare paid for (SP) during this billing period.

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.

IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.

FIELD 1: VEXPTXTB**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX8S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX21BFLG	PERS.EX21BFLG = current round

DESIGN NOTES

Store on bEX.

BOX EX8S1

BOX INSTRUCTIONS

IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22S1 - BAS10PCT WAS ASKED THIS BP ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9S1.

ELSE GO TO EX22S1 - BAS10PCT.

EX22S1

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: BAS10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX9S1
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX9S1
91	OTHER	EX22S1 - BAS10POS
	Don't Know	BOX EX9S1
	Refused	BOX EX9S1

FIELD 2: BAS10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX9S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
BAS10FLG	PERS.BAS10FLG = BPER.BPERRNDC
WRITEBAS	If EX22S1-BAS10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEBAS = 1/Indicated.

BOX EX9S1

BOX INSTRUCTIONS

IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1S1 - EX23A1S1C.

ELSE GO TO BOX EX9AAS1.

EX23A1S1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A1S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9AAS1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX23A1S1 - EX23A1S1C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX9AAS1

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2S1 - EX23A2S1C.

ELSE GO TO BOX EX9AS1.

EX23A2S1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A2S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9AS1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX23A2S1 - EX23A3S1C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX9AS1

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23AS1 - ECAIDNUM.

ELSE GO TO BOX EX11S1.

EX23AS1

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNUM**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX23BS1 - ECAIDVR1
	Don't Know	BOX EX10S1
	Refused	BOX EX10S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX23AS1-ECAIDNUM

DESIGN NOTES

Store on bEX.

EX23BS1

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR1**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX10S1
1	YES	BOX EX10S1
	Don't Know	BOX EX10S1
	Refused	BOX EX10S1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX10S1

BOX INSTRUCTIONS

IF EX23AS1 - ECAIDNUM = DK, RF OR EX23BS1 - ECAIDVR1 = DK, RF, GO TO EX24AS1 - EX24AS1C.

ELSE GO TO BOX EX11S1.

Variable Name	Assignment Instructions
EXSPCAID	PERS.EXSPCAID = current round
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY, NULL, then PERS.MCAIDFLG = 3/ValidNumber

EX24AS1

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX24AS1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX11S1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX11S1

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25S1 - EX25S1C.

ELSE GO TO BOX EX12S1.

EX25S1

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (her/his) care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX25S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX12S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXBPCAID	IF EX25S1 - EX25S1C = 1/Continue, then EXBPCAID = 1/Indicated

BOX EX12S1

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26S1 - CAREPRTB.

ELSE GO TO BOX EX14S1.

EX26S1

Yes/No

QUESTION TEXT

Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?

IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: CAREPRTB**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX27S1 - VBPETXTE
1	YES	BOX EX14S1
	Don't Know	EX27S1 - VBPETXTE
	Refused	BOX EX14S1

EX27S1

Verbatim Text

QUESTION TEXT

Can you tell me why the Medicare payment is so small?

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: VBPETXTE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX14S1

BOX EX14S1

BOX INSTRUCTIONS

IF PreloadBPRO.RECDANCP = 0/No or EX17S1 – ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP.

ELSE GO TO EX33BS1 - EXSBKCT.

EX28S1

Yes/No

QUESTION TEXT

Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDANCP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX33BS1 - EXSBKCT
1	YES	EX29AAS1 - ADDSOP2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX29AAS1

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP2**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX29ACS1 - ANCRATE
1	YES	EX29ABS1 - PAYMPLN2

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE

INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29ABS1

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN2**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX29ACS1 - ANCRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX29ACS1 - ANCRATE
3	SOCIAL SECURITY	EX29ACS1 - ANCRATE
4	SP/FAMILY INCOME	EX29ACS1 - ANCRATE
5	PRIVATE INSURANCE	EX29ACS1 - ANCRATE
6	PENSION	EX29ACS1 - ANCRATE
7	MEDICARE	EX29ACS1 - ANCRATE
8	VA CONTRACT	EX29ACS1 - ANCRATE
9	HMO CONTRACT	EX29ABS1 - HMOOS2
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX29ACS1 - ANCRATE
91	OTHER	EX29ABS1 - SOPOS2
	Don't Know	EX29ACS1 - ANCRATE
	Refused	EX29ACS1 - ANCRATE

FIELD 2: HMOOS2

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29ACS1 - ANCRATE

FIELD 3: SOPOS2

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29ACS1 - ANCRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29ACS1

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: ANCRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX15S1
	Don't Know	BOX EX15S1
	Refused	BOX EX15S1

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX29ABS1 - PAYMPLN2. If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists

for this BPER or if added at EX29ABS1 - PAYMPLN2.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER or if added at EX29ABS1 - PAYMPLN2.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	ANCRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (PreloadBPER.BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

BACKGROUND VARIABLE ASSIGNMENTS

Calculate amount remaining by subtracting SUM OF PAYMENTS FROM TOTAL CHARGE.

Variable Name	Assignment Instructions
ANCILPAY	If any PAYM for PAYMNUM = BPERNUM has ANCRATE = DK, RF, then BPER.ANCILPAY = DK. Else BPER.ANCILPAY = sum of all PAYM.ANCRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate ANCILPAY as each SOP is collected.

Store on EX29ACS1-ANCRATE PAYM.

BOX EX15S1

BOX INSTRUCTIONS

IF BPER.ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= BPER.ANCILAMT*0.9) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30S1 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)), GO TO BOX EX16S1.

ELSE GO TO EX30S1 - ANC10PCT.

EX30S1

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: ANC10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX16S1
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX16S1
91	OTHER	EX30S1 - ANC10POS
	Don't Know	BOX EX16S1
	Refused	BOX EX16S1

FIELD 2: ANC10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX16S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ANC10FLG	PERS.ANC10FLG = BPER.BPERRNDC
WRITEANC	If EX30S1-ANC10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEANC = 1/Indicated.

BOX EX16S1

BOX INSTRUCTIONS

(IF MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1S1 - EX31A1S1C.

ELSE GO TO BOX EX16AAS1.

EX31A1S1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A1S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16AAS1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX31A1S1 - EX31A1S1C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX16AAS1

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2S1 - EX31A2S1C.

ELSE GO TO BOX EX16AS1.

EX31A2S1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A2S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16AS1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX31A2S1 - EX31A2S1C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX16AS1

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31AS1 - ECAIDNM3.

ELSE GO TO BOX EX18S1.

EX31AS1

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNM3**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX31BS1 - ECAIDVR2
	Don't Know	BOX EX17S1
	Refused	BOX EX17S1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX31AS1 - ECAIDNM3

DESIGN NOTES

Store on bEX.

EX31BS1

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR2**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX31AS1 - ECAIDNM3
1	YES	BOX EX17S1
	Don't Know	BOX EX17S1
	Refused	BOX EX17S1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX17S1

BOX INSTRUCTIONS

IF EX31AS1 - ECAIDNM3 = DK, RF OR EX31BS1-ECAIDVR2 = DK, RF, GO TO EX32AS1 - EX32AS1C.

ELSE GO TO BOX EX18S1.

Variable Name	Assignment Instructions
EXSPCAID	PERS.EXSPCAID = current round
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY, NULL, then PERS.MCAIDFLG = 3/ValidNumber

EX32AS1

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s ancillaries?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX32AS1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX18S1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX18S1

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR
ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING
PERIOD, GO TO EX33S1 - EX33S1C.

ELSE GO TO EX33BS1 - EXSBKCT.

EX33S1

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (his/her) ancillary services?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS..

FIELD 1: EX33S1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	EX33BS1 - EXSBKCT

EX33BS1

Code 1

QUESTION TEXT

THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.

PRESS "1" TO CONTINUE.

FIELD 1: EXSBKCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX20S1

BOX EX20S1

BOX INSTRUCTIONS

IF THERE IS ADDITIONAL PREVIOUS ROUND DATA THAT HAS NOT BEEN ANOTHER BPER IN PreloadBPER COLLECTED, GO TO BOX EXS1A.

ELSE IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXSEND.

ELSE GO TO BOX EX21S1.

BOX EX21S1

BOX INSTRUCTIONS

IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34S1 - USENOLTC.

ELSE GO TO BOX EX21AS1.

EX34S1

Yes/No

QUESTION TEXT

Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?

FIELD 1: USENOLTC**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX35S1 - VEXPTXTG
1	YES	BOX EX21AS1
	Don't Know	BOX EX21AS1
	Refused	BOX EX21AS1

EX35S1

Verbatim Text

QUESTION TEXT

Can you explain this to me?

RECORD VERBATIM BELOW.

FIELD 1: VEXPTXTG**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX21AS1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX21AS1

BOX INSTRUCTIONS

IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AS1 - ECAIDECO.

ELSE TO TO BOX EXSEND.

EX35AS1

Code 1

QUESTION TEXT

The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?

FIELD 1: ECAIDECO**FIELD 1 ROUTING**

Value	Label	Route
1	STILL PENDING	BOX EXSEND
2	DENIED	BOX EXSEND
	Don't Know	BOX EXSEND
	Refused	BOX EXSEND

BOX EXSEND

BOX INSTRUCTIONS

IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXBEG.

ELSE GO TO BOX EXEND.

BOX EXBEG

BOX INSTRUCTIONS

GO TO EX1PRE - EX1PRECT.

OTHER PROGRAMMING INSTRUCTIONS

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>BPLENGTH</u>	<u>IF PRELOADFQ.BPLENGTH <> EMPTY, NULL, THEN FQ.BPLENGTH = PRELOADFQ.BPLENGTH</u>
<u>FRSTBPER</u>	<u>IF PERS.FRSTBPER = EMPTY, NULL AND PRELOAD SP.FRSTBPER = EMPTY, NULL, THEN PERS.FRSTBPER = 001. ELSE IF PERS.FRSTBPER <> EMPTY, NULL, THEN PERS.FRSTBPER = PRELOADSP.FRSTBPER</u>
<u>ANCVSEP</u>	<u>IF FQ.ANCNVSEP = EMPTY, NULL AND PRELOADFQ.ANCNVSEP = 1/INDICATED, THEN FQ.ANCNVSEP = 1/INDICATED</u>
<u>BPLENGOS</u>	<u>IF PRELOADFQ.BPLENGOS <> EMPTY, NULL, THEN FQ.BPLENGOS = PRELOADFQ.BPLENGOS</u>

DESIGN NOTES

Data storage for EX1PRE - FEX2 on bEX unless otherwise noted.

EX1PRE

Code 1

QUESTION TEXT

This series of questions asks about (SP)'s expenditures for room and board and ancillary charges while a resident of (FACILITY).

[The first few questions are about billing and sources of payment when (he/she) first became a resident here on (FAD/RAD).]

PRESS "1" TO CONTINUE.

FIELD 1: EX1PRECT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	EX2 - ANYBASIC

EX2

Yes/No

QUESTION TEXT

The following questions are about (SP)'s basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE).

Was there a charge for (her/his) room and board and basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE)? Please include any charges to (SP), (her/his) family, or a third party, such as Medicaid, Medicare, or a legal guardian.

FIELD 1: ANYBASIC**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX3 - VEXPTXTA
1	YES	BOX EX1A
	Don't Know	EX2A - EX2ANAME
	Refused	EXEND - EXENDCNT

EX2A

Roster

QUESTION TEXT

Please tell me the name of someone in (FACILITY) who could give me that information.

SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.

FIELD 1: EX2ANAME**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EXEND - EXENDCNT

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
FACRNAME	FACR.FACRNAME = EX2A-EX2ANAME

EX3

Verbatim Text

QUESTION TEXT

Why were there no charges?

IF ANSWER IS "MEDICAID PAID", BACK UP TO EX2 AND ENTER "1".

RECORD VERBATIM.

FIELD 1: VEXPTXTA**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EXEND - EXENDCNT

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX1A

BOX INSTRUCTIONS

If FQ.ANCNVSEP = 1/Indicated, GO TO EX5 - COMRECMM.

ELSE GO TO EX4 - ANCILSEP.

EX4

Yes/No

QUESTION TEXT

Between (EX REFERENCE START DATE) and (EX REFERENCE END DATE), was (SP) billed separately for health-related ancillary services? (That is, were there charges for ancillary services that were not included in the basic rate?)

IF FACILITY NEVER BILLS SEPARATELY FOR ANCILLARIES, ENTER 96.

PRESS F1 FOR DEFINITION OF ANCILLARY SERVICES.

FIELD 1: ANCILSEP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX5 - COMRECMM
1	YES	EX5 - COMRECMM
96	NEVER BILLS SEPARATELY	EX5 - COMRECMM

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ANCNVSEP	If EX4 - ANCILSEP = 96/NeverBillsSeparately, then FQ.ANCNVSEP = 1/Indicated

EX5

Date

QUESTION TEXT

Through what date do you have complete billing records for the services provided to (SP)?

FIELD 1: COMRECMM

MONTH

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX5 - COMRECDD

FIELD 2: COMRECDD

DAY

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX5 - COMRECY Y

FIELD 3: COMRECY Y

YEAR

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX2AA

BOX EX2AA

BOX INSTRUCTIONS

IF BILLING PERIOD LENGTH IS UNKNOWN, GO TO EX6 - BPLENCUR.

ELSE GO TO BOX EX2AA1.

EX6

Code 1

QUESTION TEXT

What is the length of the (facility/home)'s billing period? Is it...

FIELD 1: BPLENCUR**FIELD 1 ROUTING**

Value	Label	Route
1	monthly,	BOX EX2AA1
2	every two weeks,	BOX EX2AA1
3	every week, or	BOX EX2AA1
4	quarterly?	BOX EX2AA1
91	OTHER	EX6 - BPLNCROS

FIELD 2: BPLNCROS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX2AA1

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
BPLENGTH	FQ.BPLENGTH = EX6-BPLENCUR

Variable Name	Assignment Instructions
BPLENGOS	FQ.BPLENGOS = EX6-BPLNCROS

BOX EX2AA1

BOX INSTRUCTIONS

GO TO BOX EX2A.

OTHER PROGRAMMING INSTRUCTIONS

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>COMREC</u>	<u>IF FQ.BPLENGTH = 1/MONTHLY AND EX5-COMRECDD <></u> <u>LAST DAY OF THE MONTH REPRESENTED BY EX5-</u> <u>COMRECMM AND EX5-COMRECY, THEN PERS.COMREC</u> <u>= LAST DAY OF MONTH PRECEDING EX5-COMRECMM.</u> <u>ELSE PERS.COMREC = EX5-COMRECY + EX5-</u> <u>COMRECMM + EX5-COMRECDD.</u>

DESIGN NOTES

If bill monthly, COMREC date must cover only full calendar months.

BOX EX2A

BOX INSTRUCTIONS

IF EX REFERENCE START DATE IS LATER THAN THE DATE FOR WHICH THE FACILITY HAS COMPLETE BILLING RECORDS FOR THE SERVICES PROVIDED TO RESIDENTS, GO TO EXEND - EXENDCNT.

ELSE GO TO EX7PRE - EX7PCNT.

OTHER PROGRAMMING INSTRUCTIONS

<u>VARIABLE NAME</u>	<u>ASSIGNMENT INSTRUCTIONS</u>
<u>EXREFEND</u>	<u>IF PERS.EXREFEND > PERS.COMREC, THEN</u> <u>PERS.EXREFEND = PERS.COMREC</u>
<u>TOTEXDAYS</u>	<u>TOTEXDAYS = (PERS.EXREFEND - PERS.EXREFBEG) + 1</u>
<u>SUMDAYS</u>	<u>SUMDAYS = 0</u>

DESIGN NOTES

Update global display for EX REFERENCE END DATE if necessary.

EX7PRE

Code 1

QUESTION TEXT

FACILITY HAS UP-TO-DATE RECORDS THROUGH (COMPLETED RECORDS DATE)

LENGTH OF BILLING PERIOD: (LENGTH OF BILLING PERIOD.)
START WITH EARLIEST BILLING PERIOD.

COLLECT BILLING INFORMATION FROM (EX REFERENCE START DATE) THROUGH (EX REFERENCE END DATE).

PRESS "1" TO CONTINUE.

FIELD 1: EX7PCNT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	FEX2 - BILLINFO

FEX2

Code 1

QUESTION TEXT

Do you prefer to report billing information for all billing periods before reporting any payment information or do you prefer to report billing and then payment information for a billing period, then billing and payment information for each remaining billing period?

FIELD 1: BILLINFO**FIELD 1 ROUTING**

Value	Label	Route
1	ALL BILLING AND THEN ALL PAYMENT INFORMATION	BOX EX3AB2
2	BILLING AND PAYMENT INFORMATION BY BILLING PERIOD	BOX EX3A
	Don't Know	BOX EX3A
	Refused	EXEND - EXENDCNT

BOX EX3A

BOX INSTRUCTIONS

GO TO EX8 - BPBEGDATE.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Create next sequential BPER and a current round BPRO.

Variable Name	Assignment Instructions
BPERNUM	BPER.BPERNUM = PERS.FRSTBPER
BPERRNDC	BPER.BPERRNDC = current round
BILLSTARTMM	If FQ.BPLENGTH = 1/Monthly, then BILLSTARTMM = first/next month between EXREFBEG and EXREFEND to be collected
BILLSTARTDD	If FQ.BPLENGTH = 1/Monthly and BILLSTARTMM = month portion of EXREFBEG, then BILLSTARTDD = day portion of EXREFBEG. Else if FQ.BPLENGTH = 1/Monthly, then BILLSTARTDD = 01
BILLSTARTYY	If FQ.BPLENGTH = 1/Monthly, then BILLSTARTYY = year of first/next month between EXREFBEG and EXREFEND to be collected
BILLENDMM	If FQ.BPLENGTH = 1/Monthly, then BILLENDMM = BPSTARTMM
BILLENDDD	If FQ.BPLENGTH = 1/Monthly and BILLENDMM = month portion of EXREFEND, then BILLENDDD = day portion of EXREFEND. Else if FQ.BPLENGTH = 1/Monthly, then BILLENDDD = last day of the month represented by BILLSTARTMM and year of BILLSTARTYY.
BILLENDYY	If FQ.BPLENGTH = 1/Monthly, then BILLENDYY = BILLSTARTYY
FRSTBPER	PERS.FRSTBPER = PERS.FRSTBPER + 1
BPROBPER	BPRO.BPROBPER = BPERNUM

Variable Name	Assignment Instructions
BPRORNDC	BPRO.BPRORNDC = current round
BILLSTARTDATE	BILLSTARTDATE = BILLSTARTYY + BILLSTARTMM + BILLSTARTDD
BILLENDDATE	BILLENDDATE = BILLENDYY + BILLENDMM + BILLENDDD

DESIGN NOTES

BEGIN COLLECTION OF FIRST/NEXT BILLING PERIOD DETAIL. MOST DATA STORAGE FROM EX8-EX33 WILL BE ON BPER, UNLESS OTHERWISE NOTED.

EX8

Date

QUESTION TEXT

ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.

ENTER DATES IN "MM DD YY" FORMAT.

FIELD 1: BPBEGDATE

BP START DATE[: (BILLSTARTDATE)]

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX8 - BPENDDATE

FIELD 2: BPENDDATE

BP END DATE[: (BILLENDDATE)]

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3A2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

RHDAYS:

If BP begin date and BP end date fall on or between STAY begin date and STAY end date for a STAY in the target facility and there are no DK, RF in the STAY dates covered by the BP begin or BP end dates, then RHDAYS = number of days the SP was in the target facility during the billing period. Else RHDAYS = DK

Variable Name	Assignment Instructions
ONEBPDONE	PERS.ONEBPDONE = 1/Indicated

BOX EX3A2

BOX INSTRUCTIONS

GO TO EX9 - BILLDAYS.

Variable Name	Assignment Instructions
BPDAYS	$BPDAYS = (BPENDDATE - BPBEGDATE) + 1$

EX9

Numeric

QUESTION TEXT

Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?

PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.

FIELD 1: BILLDAYS**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX3

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Column 1 Header: Days in Reference Period

Column 1: Display RHDAYS

Column 2 Header: Billing Period Begin Date

Column 2: Display EX8 - BPBEGDATE in month, day, year format.

Column 3 Header: Billing Period End Date

Column 3: Display EX8 - BPENDDATE in month, day, year format.

Column 4 Header: Days in Billing Period

Column 4: Display BPDAYS.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
TOTBRATDAYS	TOTBRATDAYS = 0

BOX EX3

BOX INSTRUCTIONS

IF EX9 - BILLDDAYS = 0, GO TO EX33B - EXABKCT.

ELSE IF (RHDAYS = DK) OR (EX9 - BILLDDAYS = RHDAYS AND (BPDAYS = EX9 - BILLDDAYS OR (RHDAYS < BPDAYS))), GO TO EX11 - BRATRTE.

ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9 - BILLDDAYS, GO TO EX10 - EX10CODE.

ELSE IF (BPDAYS > EX9 - BILLDDAYS AND EX9 - BILLDDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9 - BILLDDAYS) OR (BPDAYS = EX9 - BILLDDAYS AND EX9 - BILLDDAYS > RHDAYS), GO TO EX10A - EX10ACOD.

ELSE GO TO EX10 - EX10CODE.

Variable Name	Assignment Instructions
SUMDDAYS	If RHDAYS <> 0, DK, then SUMDDAYS = SUMDDAYS + RHDAYS. Else SUMDDAYS = SUMDDAYS + EX9 - BILLDDAYS

EX10

Code All

QUESTION TEXT

Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: EX10CODE**FIELD 1 ROUTING**

Value	Label	Route
1	SP DISCHARGED TO COMMUNITY	BOX EX3B
2	SP SENT TO HOSPITAL	BOX EX3B
3	SP DECEASED	BOX EX3B
4	SP ADMITTED AFTER BP START DATE	BOX EX3B
5	SP DISCHARGED TO ANOTHER NH	BOX EX3B
91	OTHER	EX10 - EX10OS
	Don't Know	BOX EX3B
	Refused	BOX EX3B

FIELD 2: EX10OS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3B

EX10A

Code All

QUESTION TEXT

Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days.

Can you tell me why I have this discrepancy?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: EX10ACOD**FIELD 1 ROUTING**

Value	Label	Route
1	SP SENT TO HOSPITAL, BED HELD	BOX EX3B
2	SP NOT BILLED ON ADMISSION DAY	BOX EX3B
3	SP NOT BILLED ON DISCHARGE DAY	BOX EX3B
4	SP NOT BILLED ON DATE OF DEATH	BOX EX3B
5	FACILITY CHARGES FLAT-RATE BILLING	BOX EX3B
91	OTHER	EX10A - EX10AOS
	Don't Know	BOX EX3B
	Refused	BOX EX3B

FIELD 2: EX10AOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3B

BOX EX3B

BOX INSTRUCTIONS

GO TO EX11 - BRATRATE.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

CREATE A NEW BRAT:

Variable Name	Assignment Instructions
BRATBPER	BRATBPER = BPERNUM
BRATNUM	If no BRAT exists for this BPER then BRATNUM = 01. Else BRATNUM = next sequential number
BRATRND	BRATRND = current round

EX11

Quantity Unit

QUESTION TEXT

Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.)

[PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]

FIELD 1: BRATRATE

What is the amount?

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX11 - BRATUNIT
	Don't Know	EX11 - BRATUNIT
	Refused	EX11 - BRATUNIT

FIELD 2: BRATUNIT

Is that per day, per month, per quarter, or some other amount of time?

FIELD 2 ROUTING

Value	Label	Route
1	DAY	EX11 - BRATDAYS
2	MONTH	EX11 - BRATDAYS
3	QUARTER	EX11 - BRATDAYS
91	OTHER	EX11 - BRATUNOS
	Don't Know	EX11 - BRATDAYS
	Refused	EX11 - BRATDAYS

FIELD 3: BRATUNOS

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX11 - BRATDAYS

FIELD 4: BRATDAYS

How many days were billed at that rate?

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX4

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text.

(BP START DATE) - (BP END DATE)

OF BILLED DAYS: (DAYS BILLED)

DAYS YET TO BE ACCOUNTED FOR: (DAYS YET TO BE ACCOUNTED FOR)

[TOTAL AMOUNT BILLED: (TOTAL AMOUNT BILLED)]

Report display instructions:

DAYS BILLED:

Display EX9 - BILLDAYS.

If BPER.SHOTOTAM = 1, display "TOTAL AMOUNT BILLED: (TOTAL AMOUNT BILLED)".

Else do not display.

DAYS YET TO BE ACCOUNTED FOR:
Display (EX9 - BILLDAYS - TOTBRATDAYS).

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
TOTBRATDAYS	TOTBRATDAYS = TOTBRATDAYS + EX11 - BRATDAYS
SHOTOTAM	BPER.SHOTOTAM = 1

DESIGN NOTES

Implement as an array.
Store on BRAT.

BOX EX4

BOX INSTRUCTIONS

IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5.

ELSE GO TO BOX EX3B.

BOX EX5

BOX INSTRUCTIONS

IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PRE - EX15PRCT.

ELSE GO TO BOX EX7B.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

BASICAMT:

If any BRAT with BRATBPER = BPERNUM has BRATRATE = DK,RF or BRATUNIT = 91/Other, DK,RF, then BPER.BASICAMT = DK

Else set BPER.BASICAMT = 0, then loop through all BRATs with BRATBPER = BPERNUM performing the following calculations:

If BRATUNIT = 1/Days, then $BPER.BASICAMT = BPER.BASICAMT + (BRATRATE * BRATDAYS)$, rounded to 2 decimal places

If BRATUNIT = 2/Month, then set temp variables $calcdays = 0$, $nummonths = 0$
 $nummonths =$ number of months between year and month of EX8-BPBEGDATE and EX8-BPENDDATE (inclusive)

$calcdays =$ number of calendar days in each month between year and month of EX8-BPBEGDATE and EX8-BPENDDATE (inclusive)

If $calcdays = BRATDAYS$, then $BPER.BASICAMT = BPER.BASICAMT + (nummonths * BRATRATE)$, rounded to 2 decimal places

Else $BPER.BASICAMT = BPER.BASICAMT + (((nummonths * BRATRATE)/calcdays) * BRATDAYS)$, rounded to 2 decimal places

If BRATUNIT = 3/Quarter, then $BPER.BASICAMT = BPER.BASICAMT + ((BRATRATE/91) * BRATDAYS)$, rounded to 2 decimal places.

If BRATUNIT = 91/Other, then BASICAMT = DK.

If $BPER.BASICAMT > 99999.99$, then $BPER.BASICAMT = 99999.99$

EX15PRE

Code 1

QUESTION TEXT

The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.

(Please do not include non-health-related services such as hairdressing, television, or telephone).

PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.

PRESS "1" TO CONTINUE.

FIELD 1: EX15PRCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	EX16 - ANCLPOST

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX15LONG	FACR.EX15LONG = current round

EX16

Yes/No

QUESTION TEXT

Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?

FIELD 1: ANCLPOST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX7B
1	YES	EX17 - ANYANCIL
	Don't Know	BOX EX7B
	Refused	BOX EX7B

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX17

Yes/No

QUESTION TEXT

Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?

FIELD 1: ANYANCIL**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX7B
1	YES	EX18 - ANCILAMT
	Don't Know	BOX EX7B
	Refused	BOX EX7B

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX18

Dollar

QUESTION TEXT

Altogether, what was the total charge for those health-related ancillary services?

FIELD 1: ANCILAMT**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX7B
	Don't Know	BOX EX7B
	Refused	BOX EX7B

BOX EX7B

BOX INSTRUCTIONS

GO TO EX20 - RECDBASP.

EX20

Yes/No

QUESTION TEXT

Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDBASP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX14
1	YES	EX21AA - ADDSOP1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX21AA

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP1**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX21AC - BASRATE
1	YES	EX21AB - PAYMPLN1

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text:

OF BILLED DAYS: (EX9 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = number portion of each SOP displayed in EX21AA - ADDSOP1 report
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If PAYM.PAYMNUM = 9/HMOContract or 91/Other, then PAYM.PAYMTEXT = PAYMTEXT from most recent current or previous round PAYM

DESIGN NOTES

"VA CONTRACT" will be displayed in the report if the respondent ever said the SP was in the Armed Forces in BQ12.

EX21AB

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN1**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX21AC - BASRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX21AC - BASRATE
3	SOCIAL SECURITY	EX21AC - BASRATE
4	SP/FAMILY INCOME	EX21AC - BASRATE
5	PRIVATE INSURANCE	EX21AC - BASRATE
6	PENSION	EX21AC - BASRATE
7	MEDICARE	EX21AC - BASRATE
8	VA CONTRACT	EX21AC - BASRATE
9	HMO CONTRACT	EX21AB - HMOOS1
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX21AC - BASRATE
91	OTHER	EX21AB - SOPOS1
	Don't Know	EX21AC - BASRATE
	Refused	EX21AC - BASRATE

FIELD 2: HMOOS1

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21AC - BASRATE

FIELD 3: SOPOS1

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21AC - BASRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (EX9 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = EX21AB - PAYMPLN1
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If EX21AB-PAYMPLN1 = 9/HMOContract and PAYM.PAYMNUM = 9/HMOContract, then PAYM.PAYMTEXT = EX21AB-HMOOS1. Else if EX21AB - PAYMPLN1 = 91/Other and PAYM.PAYMNUM = 91/Other, then PAYM. PAYMTEXT = EX21AB-SOPOS1.

EX21AC

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: BASRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX7C
	Don't Know	BOX EX7C
	Refused	BOX EX7C

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX21AB - PAYMPLN1.
If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, or if added at EX21AB - PAYMPLN1, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or if added at EX21AB - PAYMPLN1.

Display 6/PENSION if there is a current or previous round PENSION payment or if added at

EX21AB - PAYMPLN1.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or if added at EX21AB - PAYMPLN1, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or if added at EX21AB - PAYMPLN1.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or if added at EX21AB - PAYMPLN1.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or if added at EX21AB - PAYMPLN1.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	BASRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (EX9 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
BASICPAY	If any PAYM for PAYMNUM = BPERNUM has BASRATE = DK, RF, then BPER.BASICPAY = DK. Else BPER.BASICPAY = sum of all PAYM.BASRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate BASICPAY as each SOP is collected.

Store on EX21AC-BASRATE PAYM.

BOX EX7C

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21B - VEXPTXTB.

ELSE GO TO BOX EX8.

EX21B

Verbatim Text

QUESTION TEXT

Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).

Please tell me why Medicare paid for (SP) during this billing period.

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.

IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.

FIELD 1: VEXPTXTB**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX8

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX21BFLG	PERS.EX21BFLG = current round

DESIGN NOTES

Store on bEX.

BOX EX8

BOX INSTRUCTIONS

IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9.

ELSE GO TO EX22 - BAS10PCT.

EX22

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: BAS10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX9
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX9
91	OTHER	EX22 - BAS10POS
	Don't Know	BOX EX9
	Refused	BOX EX9

FIELD 2: BAS10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX9

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
BAS10FLG	PERS.BAS10FLG = BPER.BPERRNDC
WRITEBAS	If EX22-BAS10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEBAS = 1/Indicated.

BOX EX9

BOX INSTRUCTIONS

IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1 - EX23A1C.

ELSE GO TO BOX EX9AA.

EX23A1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9AA

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX23A1 - EX23A1C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX9AA

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2 - EX23A2C.

ELSE GO TO BOX EX9A.

EX23A2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9A

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX23A2 - EX23A2C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX9A

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23A - ECAIDNUM.

ELSE GO TO BOX EX11.

EX23A

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNUM**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX23B - ECAIDVR1
	Don't Know	BOX EX10
	Refused	BOX EX10

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX23A-ECAIDNUM

DESIGN NOTES

Store on bEX.

EX23B

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR1**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX10
1	YES	BOX EX10
	Don't Know	BOX EX10
	Refused	BOX EX10

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX10

BOX INSTRUCTIONS

IF EX23A - ECAIDNUM = DK, RF OR EX23B - ECAIDVR1 = DK, RF, GO TO EX24A - EX24AC.

ELSE GO TO BOX EX11.

Variable Name	Assignment Instructions
EXSPCAID	PERS.EXSPCAID = current round
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY,NULL, then PERS.MCAIDFLG = 3/ValidNumber

EX24A

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX24AC**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX11

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX11

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25 - EX25C.

ELSE GO TO BOX EX12.

EX25

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (her/his) care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX25C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX12

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXBPCAID	IF EX25 - EX25C = 1/Continue, then EXBPCAID = 1/Indicated

BOX EX12

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26 - CAREPRTB.

ELSE GO TO BOX EX14.

EX26

Yes/No

QUESTION TEXT

Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?

IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: CAREPRTB**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX27 - VBPETXTE
1	YES	BOX EX14
	Don't Know	EX27 - VBPETXTE
	Refused	BOX EX14

EX27

Verbatim Text

QUESTION TEXT

Can you tell me why the Medicare payment is so small?

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: VBPETXTE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX14

BOX EX14

BOX INSTRUCTIONS

IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28 - RECDANCP.

ELSE GO TO EX33B - EXABKCT.

EX28

Yes/No

QUESTION TEXT

Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDANCP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX33B - EXABKCT
1	YES	EX29AA - ADDSOP2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX29AA

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP2**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX29AC - ANCRATE
1	YES	EX29AB - PAYMPLN2

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text:

OF BILLED DAYS: (EX9 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE

INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29AB

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN2**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX29AC - ANCRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX29AC - ANCRATE
3	SOCIAL SECURITY	EX29AC - ANCRATE
4	SP/FAMILY INCOME	EX29AC - ANCRATE
5	PRIVATE INSURANCE	EX29AC - ANCRATE
6	PENSION	EX29AC - ANCRATE
7	MEDICARE	EX29AC - ANCRATE
8	VA CONTRACT	EX29AC - ANCRATE
9	HMO CONTRACT	EX29AB - HMOOS2
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX29AC - ANCRATE
91	OTHER	EX29AB - SOPOS2
	Don't Know	EX29AC - ANCRATE
	Refused	EX29AC - ANCRATE

FIELD 2: HMOOS2

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29AC - ANCRATE

FIELD 3: SOPOS2

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29AC - ANCRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (EX9 - BILLDDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29AC

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: ANCRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX15
	Don't Know	BOX EX15
	Refused	BOX EX15

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX29AB - PAYMPLN2. If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER or if added at EX29AB - PAYMPLN2.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	ANCRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (EX9 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

BACKGROUND VARIABLE ASSIGNMENTS

Calculate amount remaining by subtracting SUM OF PAYMENTS FROM TOTAL CHARGE.

Variable Name	Assignment Instructions
ANCILPAY	If any PAYM for PAYMNUM = BPERNUM has ANCRATE = DK, RF, then BPER.ANCILPAY = DK. Else BPER.ANCILPAY = sum of all PAYM.ANCRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate ANCILPAY as each SOP is collected.
Store on EX29AC-ANCRATE PAYM.

BOX EX15

BOX INSTRUCTIONS

IF EX18 - ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)), GO TO BOX EX16.

ELSE GO TO EX30 - ANC10PCT.

EX30

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: ANC10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX16
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX16
91	OTHER	EX30 - ANC10POS
	Don't Know	BOX EX16
	Refused	BOX EX16

FIELD 2: ANC10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX16

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ANC10FLG	PERS.ANC10FLG = current round
WRITEANC	If EX30-ANC10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEANC = 1/Indicated.

BOX EX16

BOX INSTRUCTIONS

IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1 - EX31A1C.

ELSE GO TO BOX EX16AA.

EX31A1

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A1C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16AA

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX31A1 - EX31A1C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX16AA

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2 - EX31A2C.

ELSE GO TO BOX EX16A.

EX31A2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16A

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX31A2 - EX31A2C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX16A

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31A - ECAIDNM3.

ELSE GO TO BOX EX18.

EX31A

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNM3**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX31B - ECAIDVR2
	Don't Know	BOX EX17
	Refused	BOX EX17

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX31A - ECAIDNM3

DESIGN NOTES

Store on bEX.

EX31B

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR2**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX17
1	YES	BOX EX17
	Don't Know	BOX EX17
	Refused	BOX EX17

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX17

BOX INSTRUCTIONS

IF EX31A - ECAIDNM3 = DK, RF OR EX31B - ECAIDVR2 = DK, RF, GO TO EX32A - EX32AC.

ELSE GO TO BOX EX18.

Variable Name	Assignment Instructions
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY,NULL, then PERS.MCAIDFLG = 3/ValidNumber
EXSPCAID	PERS.EXSPCAID = current round

EX32A

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s ancillaries?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX32AC**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX18

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX18

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33 - EX33C.

ELSE GO TO EX33B - EXABKCT.

EX33

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (his/her) ancillary services?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX33C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	EX33B - EXABKCT

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXBPCAID	IF EX33 - EX33C = 1/Continue, then EXBPCAID = 1/Indicated

EX33B

Code 1

QUESTION TEXT

THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.

PRESS "1" TO CONTINUE.

FIELD 1: EXABKCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX20

BOX EX20

BOX INSTRUCTIONS

IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3A.

ELSE GO TO BOX EX21.

BOX EX21

BOX INSTRUCTIONS

IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34 - USENOLTC.

ELSE GO TO BOX EX21A.

EX34

Yes/No

QUESTION TEXT

Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?

FIELD 1: USENOLTC**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX35 - VEXPTXTG
1	YES	BOX EX21A
	Don't Know	BOX EX21A
	Refused	BOX EX21A

EX35

Verbatim Text

QUESTION TEXT

Can you explain this to me?

RECORD VERBATIM BELOW.

FIELD 1: VEXPTXTG**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX21A

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX21A

BOX INSTRUCTIONS

IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35A - ECAIDECO.

ELSE GO TO EXEND - EXENDCNT.

EX35A

Code 1

QUESTION TEXT

The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?

FIELD 1: ECAIDECO**FIELD 1 ROUTING**

Value	Label	Route
1	STILL PENDING	EXEND - EXENDCNT
2	DENIED	EXEND - EXENDCNT
	Don't Know	EXEND - EXENDCNT
	Refused	EXEND - EXENDCNT

BOX EX3AB2

BOX INSTRUCTIONS

GO TO EX8B2 - BPBEGDATE.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

Create next sequential BPER and a current round BPRO.

Variable Name	Assignment Instructions
BPERNUM	BPER.BPERNUM = PERS.FRSTBPER
BPERRNDC	BPER.BPERRNDC = current round
BILLSTARTMM	If FQ.BPLENGTH = 1/Monthly, then BILLSTARTMM = first/next month between EXREFBEG and EXREFEND to be collected.
BILLSTARTDD	If FQ.BPLENGTH = 1/Monthly and BILLSTARTMM = month portion of EXREFBEG, then BILLSTARTDD = day portion of EXREFBEG. Else if FQ.BPLENGTH = 1/Monthly, then BILLSTARTDD = 01
BILLSTARTYY	If FQ.BPLENGTH = 1/Monthly, then BILLSTARTYY = year of first/next month between EXREFBEG and EXREFEND to be collected.
BILLENDMM	If FQ.BPLENGTH = 1/Monthly, then BILLENDMM = BPSTARTMM.
BILLENDDD	If FQ.BPLENGTH = 1/Monthly and BILLENDMM = month portion of EXREFEND, then BILLENDDD = day portion of EXREFEND. Else if FQ.BPLENGTH = 1/Monthly, then BILLENDDD = last day of the month represented by BILLSTARTMM and year of BILLSTARTYY.
BILLENDYY	If FQ.BPLENGTH = 1/Monthly, then BILLENDYY = BILLSTARTYY.
FRSTBPER	PERS.FRSTBPER = PERS.FRSTBPER + 1.
BPROBPER	BPRO.BPROBPER = BPERNUM

Variable Name	Assignment Instructions
BPRORNDC	BPRO.BPRORNDC = current round
BILLSTARTDATE	BILLSTARTDATE = BILLSTARTYY + BILLSTARTMM + BILLSTARTDD
BILLENDDATE	BILLENDDATE = BILLENDYY + BILLENDMM + BILLENDDD

DESIGN NOTES

BEGIN COLLECTION OF FIRST/NEXT BILLING PERIOD DETAIL. MOST DATA STORAGE FROM EX8 - EX33 WILL BE ON BPER, UNLESS OTHERWISE NOTED.

EX8B2

Date

QUESTION TEXT

ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.

FIELD 1: BPBEGDATE

BP START DATE[: (BILLSTARTDATE)]

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX8B2 - BPENDDATE

FIELD 2: BPENDDATE

BP END DATE[: (BILLENDDATE)]

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3A2B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

RHDAYS:

If BP begin date and BP end date fall on or between STAY begin date and STAY end date for a STAY in the target facility and there are no DK, RF in the STAY dates covered by the BP begin or BP end dates, then RHDAYS = number of days the SP was in the target facility during the billing period. Else RHDAYS = DK

Variable Name	Assignment Instructions
ONEBPDONE	PERS.ONEBPDONE = 1/Indicated

BOX EX3A2B2

BOX INSTRUCTIONS

GO TO EX9B2 - BILLDAYS.

Variable Name	Assignment Instructions
BPDAYS	$BPDAYS = (BPENDDATE - BPBEGDATE) + 1$

EX9B2

Numeric

QUESTION TEXT

Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?

PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.

FIELD 1: BILLDAYS**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX3B2

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Column 1 Header: Days in Reference Period

Column 1: Display RHDAYS

Column 2 Header: Billing Period Begin Date

Column 2: Display EX8B2 - BPBEGDATE in month, day, year format.

Column 3 Header: Billing Period End Date

Column 3: Display EX8B2 - BPENDDATE in month, day, year format.

Column 4 Header: Days in Billing Period

Column 4: Display BPDAYS.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
TOTBRATDAYS	TOTBRATDAYS = 0

BOX EX3B2

BOX INSTRUCTIONS

IF EX9B2 - BILLDAYS = 0, THEN GO TO BOX EX6B2.

ELSE IF (RHDAYS = DK) OR (EX9B2 - BILLDAYS = RHDAYS AND (BPDAYS = EX9B2 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11B2 - BRATRATE.

ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9B2 - BILLDAYS, GO TO EX10B2 - EX10CODE.

ELSE IF (BPDAYS > EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9B2 - BILLDAYS) OR (BPDAYS = EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS), GO TO EX10AB2 - EX10ACOD.

ELSE GO TO EX10B2 - EX10CODE.

Variable Name	Assignment Instructions
SUMDAYS	If RHDAYS <> 0, DK, then SUMDAYS = SUMDAYS + RHDAYS. Else SUMDAYS = SUMDAYS + EX9B2 - BILLDAYS

EX10B2

Code All

QUESTION TEXT

Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: EX10CODE**FIELD 1 ROUTING**

Value	Label	Route
1	SP DISCHARGED TO COMMUNITY	BOX EX3BB2
2	SP SENT TO HOSPITAL	BOX EX3BB2
3	SP DECEASED	BOX EX3BB2
4	SP ADMITTED AFTER BP START DATE	BOX EX3BB2
5	SP DISCHARGED TO ANOTHER NH	BOX EX3BB2
91	OTHER	EX10B2 - EX10OS
	Don't Know	BOX EX3BB2
	Refused	BOX EX3BB2

FIELD 2: EX10OS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3BB2

EX10AB2

Code All

QUESTION TEXT

Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days.

Can you tell me why I have this discrepancy?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: EX10ACOD**FIELD 1 ROUTING**

Value	Label	Route
1	SP SENT TO HOSPITAL, BED HELD	BOX EX3BB2
2	SP NOT BILLED ON ADMISSION DAY	BOX EX3BB2
3	SP NOT BILLED ON DISCHARGE DAY	BOX EX3BB2
4	SP NOT BILLED ON DATE OF DEATH	BOX EX3BB2
5	FACILITY CHARGES FLAT-RATE BILLING	BOX EX3BB2
91	OTHER	EX10AB2 - EX10AOS
	Don't Know	BOX EX3BB2
	Refused	BOX EX3BB2

FIELD 2: EX10AOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX3BB2

BOX EX3BB2

BOX INSTRUCTIONS

GO TO EX11B2 - BRATRATE.

Variable Name	Assignment Instructions
BRATBPER	BRATBPER = BPERNUM
BRATNUM	If no BRAT exists for this BPER then BRATNUM = 01. Else BRATNUM = next sequential number
BRATRNDC	BRATRNDC = current round

EX11B2

Quantity Unit

QUESTION TEXT

Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.)

[PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]

FIELD 1: BRATRATE

What is the amount?

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX11B2 - BRATUNIT
	Don't Know	EX11B2 - BRATUNIT
	Refused	EX11B2 - BRATUNIT

FIELD 2: BRATUNIT

Is that per day, per month, per quarter, or some other amount of time?

FIELD 2 ROUTING

Value	Label	Route
1	DAY	EX11B2 - BRATDAYS
2	MONTH	EX11B2 - BRATDAYS
3	QUARTER	EX11B2 - BRATDAYS
91	OTHER	EX11B2 - BRATUNOS
	Don't Know	EX11B2 - BRATDAYS
	Refused	EX11B2 - BRATDAYS

FIELD 3: BRATUNOS

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX11B2 - BRATDAYS

FIELD 4: BRATDAYS

How many days were billed at that rate?

FIELD 4 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX4B2

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above question text.

(BP START DATE) - (BP END DATE)

OF BILLED DAYS: (DAYS BILLED)

DAYS YET TO BE ACCOUNTED FOR: (DAYS YET TO BE ACCOUNTED FOR)

[TOTAL AMOUNT BILLED: (TOTAL AMOUNT BILLED)]

Report display instructions:

DAYS BILLED:

Display EX9B2 - BILLDAYS.

If BPER.SHOTOTAM = 1, display "TOTAL AMOUNT BILLED: (TOTAL AMOUNT BILLED)".

Else do not display.

DAYS YET TO BE ACCOUNTED FOR:
Display (EX9B2 - BILLDAYS - TOTBRATDAYS).

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
TOTBRATDAYS	TOTBRATDAYS = TOTBRATDAYS + EX11B2 - BRATDAYS
SHOTOTAM	BPER.SHOTOTAM = 1

DESIGN NOTES

Implement as an array.
Store on BRAT.

BOX EX4B2

BOX INSTRUCTIONS

IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5B2.

ELSE GO TO BOX EX3BB2.

BOX EX5B2

BOX INSTRUCTIONS

IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PREB2 - EX15PRCT.

ELSE GO TO BOX EX6B2.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

BASICAMT:

If any BRAT with BRATBPER = BPERNUM has BRATRATE = DK,RF or BRATUNIT =

91/Other, DK,RF, then BPER.BASICAMT = DK

Else set BPER.BASICAMT = 0, then loop through all BRATs with BRATBPER = BPERNUM performing the following calculations:

If BRATUNIT = 1/Days, then $BPER.BASICAMT = BPER.BASICAMT + (BRATRATE * BRATDAYS)$, rounded to 2 decimal places

If BRATUNIT = 2/Month, then set temp variables $calcdays = 0$, $nummonths = 0$
 $nummonths =$ number of months between year and month of EX8B2-BPBEGDATE and EX8B2-BPENDDATE (inclusive)

$calcdays =$ number of calendar days in each month between year and month of EX8B2-BPBEGDATE and EX8B2-BPENDDATE (inclusive)

If $calcdays = BRATDAYS$, then $BPER.BASICAMT = BPER.BASICAMT + (nummonths * BRATRATE)$, rounded to 2 decimal places

Else $BPER.BASICAMT = BPER.BASICAMT + (((nummonths * BRATRATE)/calcdays) * BRATDAYS)$, rounded to 2 decimal places

If BRATUNIT = 3/Quarter, then $BPER.BASICAMT = BPER.BASICAMT + ((BRATRATE = 91/Other) * BRATDAYS)$, rounded to 2 decimal places

If BRATUNIT = 91/Other, then BASICAMT = DK.

If $BPER.BASICAMT > 99999.99$, then $BPER.BASICAMT = 99999.99$

EX15PREB2

Code 1

QUESTION TEXT

The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.

(Please do not include non-health-related services such as hairdressing, television, or telephone).

PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.

PRESS "1" TO CONTINUE.

FIELD 1: EX15PRCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	EX16B2 - ANCLPOST

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX15LONG	FACR.EX15LONG = current round

EX16B2

Yes/No

QUESTION TEXT

Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?

FIELD 1: ANCLPOST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX6B2
1	YES	EX17B2 - ANYANCIL
	Don't Know	BOX EX6B2
	Refused	BOX EX6B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX17B2

Yes/No

QUESTION TEXT

Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?

FIELD 1: ANYANCIL**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX6B2
1	YES	EX18B2 - ANCILAMT
	Don't Know	BOX EX6B2
	Refused	BOX EX6B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX18B2

Dollar

QUESTION TEXT

Altogether, what was the total charge for those health-related ancillary services?

FIELD 1: ANCILAMT**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX6B2
	Don't Know	BOX EX6B2
	Refused	BOX EX6B2

BOX EX6B2

BOX INSTRUCTIONS

IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3AB2.

ELSE GO TO BOX EX6BB2.

BOX EX6BB2

BOX INSTRUCTIONS

IF THERE ARE ANY BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2.

ELSE GO TO BOX EX21B2.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

IF THERE ARE ANY BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, POSITION TO FIRST CURRENT ROUND BPER WITH EX9B2 - BILLDAYS > 0.

BOX EX7BB2

BOX INSTRUCTIONS

GO TO EX20B2 - RECDBASP.

EX20B2

Yes/No

QUESTION TEXT

Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDBASP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX14B2
1	YES	EX21AAB2 - ADDSOP1

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX21AAB2

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP1

FIELD 1 ROUTING

Value	Label	Route
0	NO	EX21ACB2 - BASRATE
1	YES	EX21ABB2 - PAYMPLN1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text:
 # OF BILLED DAYS: (EX9B2- BILLDAYS)
 TOTAL BILLED: \$(TOTAL BILLED)
 AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:
 (1 = MEDICAID)
 2 = PRIVATE PAY OR SP/FAMILY INCOME
 (3 = SOCIAL SECURITY)
 (5 = PRIVATE INSURANCE)
 (6 = PENSION)
 7 = MEDICARE
 (8 = VA CONTRACT)
 (9 = HMO CONTRACT (SPECIFY))
 (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
 (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.
 If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = number portion of each SOP displayed in EX21AAB2 - ADDSOP1 report
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If PAYM.PAYMNUM = 9/HMOContract or 91/Other, then PAYM.PAYMTEXT = PAYMTEXT from most recent current or previous round PAYM

DESIGN NOTES

"VA CONTRACT" will be displayed in the report if the respondent ever said the SP was in the Armed Forces in BQ12.

EX21ABB2

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN1**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX21ACB2 - BASRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX21ACB2 - BASRATE
3	SOCIAL SECURITY	EX21ACB2 - BASRATE
4	SP/FAMILY INCOME	EX21ACB2 - BASRATE
5	PRIVATE INSURANCE	EX21ACB2 - BASRATE
6	PENSION	EX21ACB2 - BASRATE
7	MEDICARE	EX21ACB2 - BASRATE
8	VA CONTRACT	EX21ACB2 - BASRATE
9	HMO CONTRACT	EX21ABB2 - HMOOS1
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX21ACB2 - BASRATE
91	OTHER	EX21ABB2 - SOPOS1
	Don't Know	EX21ACB2 - BASRATE
	Refused	EX21ACB2 - BASRATE

FIELD 2: HMOOS1

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21ACB2 - BASRATE

FIELD 3: SOPOS1

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX21ACB2 - BASRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (EX9B2 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment.

Display 6/PENSION if there is a current or previous round PENSION payment.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
PAYMBPER	PAYM.PAYMBPER = BPER.BPERNUM
PAYMNUM	PAYM.PAYMNUM = EX21ABB2 - PAYMPLN1
PAYMRNDC	PAYM.PAYMRNDC = current round
PAYMTEXT	If EX21AB-PAYMPLN1 = 9/HMOContract and PAYM.PAYMNUM = 9/HMOContract, then PAYM.PAYMTEXT = EX21ABB2-HMOOS1. Else if EX21ABB2 - PAYMPLN1 = 91/Other and PAYM.PAYMNUM = 91/Other, then PAYM. PAYMTEXT = EX21ABB2-SOPOS1.

EX21ACB2

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: BASRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX7CB2
	Don't Know	BOX EX7CB2
	Refused	BOX EX7CB2

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX21ABB2 - PAYMPLN1.
If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment, or if added at EX21ABB2 - PAYMPLN1, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or if added at EX21ABB2 - PAYMPLN1.

Display 6/PENSION if there is a current or previous round PENSION payment or if added at

EX21ABB2 - PAYMPLN1.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or if added at EX21ABB2 - PAYMPLN1, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or if added at EX21ABB2 - PAYMPLN1.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or if added at EX21ABB2 - PAYMPLN1.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or if added at EX21ABB2 - PAYMPLN1.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	BASRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (EX9B2 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED)

AMOUNT REMAINING: \$(AMOUNT REMAINING)

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
BASICPAY	If any PAYM for PAYMNUM = BPERNUM has BASRATE = DK, RF, then BPER.BASICPAY = DK. Else BPER.BASICPAY = sum of all PAYM.BASRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate BASICPAY as each SOP is collected.

Store on EX21ACB2-BASRATE PAYM.

BOX EX7CB2

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) DATE AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BB2 - VEXPTXTB.

ELSE GO TO BOX EX8B2.

EX21BB2

Verbatim Text

QUESTION TEXT

Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).

Please tell me why Medicare paid for (SP) during this billing period.

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.

IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.

FIELD 1: VEXPTXTB**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX8B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EX21BFLG	PERS.EX21BFLG = current round

DESIGN NOTES

Store on bEX.

BOX EX8B2

BOX INSTRUCTIONS

IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22B2 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9B2.

ELSE GO TO EX22B2 - BAS10PCT.

EX22B2

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: BAS10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX9B2
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX9B2
91	OTHER	EX22B2 - BAS10POS
	Don't Know	BOX EX9B2
	Refused	BOX EX9B2

FIELD 2: BAS10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX9B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
BAS10FLG	PERS.BAS10FLG = BPER.BPERRNDC
WRITEBAS	If EX22B2-BAS10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEBAS = 1/Indicated.

BOX EX9B2

BOX INSTRUCTIONS

IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1B2 - EX23A1B2C.

ELSE GO TO BOX EX9AAB2.

EX23A1B2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A1B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9AAB2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX23A1B2 - EX23A1B2C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX9AAB2

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2B2 - EX23A2B2C.

ELSE GO TO BOX EX9AB2.

EX23A2B2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX23A2B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX9AB2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX23A2B2 - EX23A2B2C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX9AB2

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23AB2 - ECAIDNUM.

ELSE GO TO BOX EX11B2.

EX23AB2

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNUM**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX23BB2 - ECAIDVR1
	Don't Know	BOX EX10B2
	Refused	BOX EX10B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX23AB2-ECAIDNUM

DESIGN NOTES

Store on bEX.

EX23BB2

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR1**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX10B2
1	YES	BOX EX10B2
	Don't Know	BOX EX10B2
	Refused	BOX EX10B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX10B2

BOX INSTRUCTIONS

IF EX23AB2 - ECAIDNUM = DK, RF OR EX23BB2 - ECAIDVR1 = DK, RF, GO TO EX24AB2 - EX24AB2C.

ELSE GO TO BOX EX11B2.

Variable Name	Assignment Instructions
EXSPCAID	PERS.EXSPCAID = current round
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY, NULL, then PERS.MCAIDFLG = 3/ValidNumber

EX24AB2

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX24AB2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX11B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX11B2

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25B2 - EX25B2C.

ELSE GO TO BOX EX12B2.

EX25B2

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (her/his) care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX25B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX12B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXBPCAID	IF EX25B2 - EX25B2C = 1/Continue, then EXBPCAID = 1/Indicated

BOX EX12B2

BOX INSTRUCTIONS

IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26B2 - CAREPRTB.

ELSE GO TO BOX EX14B2.

EX26B2

Yes/No

QUESTION TEXT

Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?

IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: CAREPRTB**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX27B2 - VBPETXTE
1	YES	BOX EX14B2
	Don't Know	EX27B2 - VBPETXTE
	Refused	BOX EX14B2

EX27B2

Verbatim Text

QUESTION TEXT

Can you tell me why the Medicare payment is so small?

RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.

FIELD 1: VBPETXTE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX14B2

BOX EX14B2

BOX INSTRUCTIONS

IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28B2 - RECDANCP.

ELSE GO TO EX33BB2 - EXBBKCT.

EX28B2

Yes/No

QUESTION TEXT

Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?

FIELD 1: RECDANCP**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX33BB2 - EXBBKCT
1	YES	EX29AAB2 - ADDSOP2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on BPRO.

EX29AAB2

Yes/No

QUESTION TEXT

Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

FIELD 1: ADDSOP2

FIELD 1 ROUTING

Value	Label	Route
0	NO	EX29ACB2 - ANCRATE
1	YES	EX29ABB2 - PAYMPLN2

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text:
 # OF BILLED DAYS: (EX9B2 - BILLDAYS)
 TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)
 AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:
 (1 = MEDICAID)
 2 = PRIVATE PAY OR SP/FAMILY INCOME
 (3 = SOCIAL SECURITY)
 (5 = PRIVATE INSURANCE)
 (6 = PENSION)
 7 = MEDICARE
 (8 = VA CONTRACT)
 (9 = HMO CONTRACT (SPECIFY))
 (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
 (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.
 If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE

INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29ABB2

Code All

QUESTION TEXT

What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.

FIELD 1: PAYMPLN2**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID	EX29ACB2 - ANCRATE
2	PRIVATE PAY OR SP/FAMILY INCOME	EX29ACB2 - ANCRATE
3	SOCIAL SECURITY	EX29ACB2 - ANCRATE
4	SP/FAMILY INCOME	EX29ACB2 - ANCRATE
5	PRIVATE INSURANCE	EX29ACB2 - ANCRATE
6	PENSION	EX29ACB2 - ANCRATE
7	MEDICARE	EX29ACB2 - ANCRATE
8	VA CONTRACT	EX29ACB2 - ANCRATE
9	HMO CONTRACT	EX29ABB2 - HMOOS2
10	SUPPLEMENTAL SECURITY INCOME (SSI)	EX29ACB2 - ANCRATE
91	OTHER	EX29ABB2 - SOPOS2
	Don't Know	EX29ACB2 - ANCRATE
	Refused	EX29ACB2 - ANCRATE

FIELD 2: HMOOS2

HMO CONTRACT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29ACB2 - ANCRATE

FIELD 3: SOPOS2

OTHER (SPECIFY)

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	EX29ACB2 - ANCRATE

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display report above grid:

OF BILLED DAYS: (EX9B2 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

Display Sources of Payment in the following order:

(1 = MEDICAID)

2 = PRIVATE PAY OR SP/FAMILY INCOME

(3 = SOCIAL SECURITY)

(5 = PRIVATE INSURANCE)

(6 = PENSION)

7 = MEDICARE

(8 = VA CONTRACT)

(9 = HMO CONTRACT (SPECIFY))

(10 = SUPPLEMENTAL SECURITY INCOME (SSI))

(91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or a PAYM exists for this BPER.

If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists for this BPER.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER.

EX29ACB2

Grid

QUESTION TEXT

What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?

FIELD 1: ANCRATE**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX15B2
	Don't Know	BOX EX15B2
	Refused	BOX EX15B2

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID INSTRUCTIONS**

Display Sources of Payment in the following order:

- (1 = MEDICAID)
- 2 = PRIVATE PAY OR SP/FAMILY INCOME
- (3 = SOCIAL SECURITY)
- (5 = PRIVATE INSURANCE)
- (6 = PENSION)
- 7 = MEDICARE
- (8 = VA CONTRACT)
- (9 = HMO CONTRACT (SPECIFY))
- (10 = SUPPLEMENTAL SECURITY INCOME (SSI))
- (91 = OTHER)

Display 1/MEDICAID if there is a current or previous round Medicaid payment or PERS.INCAID = 1/Yes or PERS.HCAIDNM <> DK, RF, EMPTY, NULL or if added at EX29ABB2 - PAYMPLN2. If PERS.GAPCOV = 1/Yes or PERS.LTCCOV = 1/Yes or there is a current or previous round PRIVATE INSURANCE payment or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2, then display 5/PRIVATE INSURANCE.

Display 3/SOCIAL SECURITY if there is a current or previous round SOCIAL SECURITY payment or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2.

Display 6/PENSION if there is a current or previous round PENSION payment or a PAYM exists

for this BPER or if added at EX29ABB2 - PAYMPLN2.

If PERS.AFHIST = 1/Yes or there is a current or previous round VA payment or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2, then display 8/VA CONTRACT.

Display PAYM.PAYMTEXT for 9/HMO CONTRACT if there is a current or previous round HMO CONTRACT payment or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2.

Display 10/SUPPLEMENTAL SECURITY INCOME (SSI) if there is a current or previous round SSI payment or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2.

Display PAYM.PAYMTEXT for each 91/Other SOP with a current or previous round PAYM record or a PAYM exists for this BPER or if added at EX29ABB2 - PAYMPLN2.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	SOP Name	Display source of payment name. Display Only.
2	SOP Payment	ANCRATE. Input field 1.

REPORT DISPLAY

Display report above grid:

OF BILLED DAYS: (EX9B2 - BILLDAYS)

TOTAL BILLED: \$(TOTAL BILLED ANCILLARY)

AMOUNT REMAINING: \$(AMOUNT REMAINING ANCILLARY)

BACKGROUND VARIABLE ASSIGNMENTS

Calculate amount remaining by subtracting SUM OF PAYMENTS FROM TOTAL CHARGE.

Variable Name	Assignment Instructions
ANCILPAY	If any PAYM for PAYMNUM = BPERNUM has ANCRATE = DK, RF, then BPER.ANCILPAY = DK. Else BPER.ANCILPAY = sum of all PAYM.ANCRATE for PAYMNUM = BPERNUM

DESIGN NOTES

We need to calculate ANCILPAY as each SOP is collected.

Store on EX29ACB2-ANCRATE PAYM.

BOX EX15B2

BOX INSTRUCTIONS

IF EX18B2 - .ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30B2 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)), GO TO BOX EX16B2.

ELSE GO TO EX30B2 - ANC10PCT.

EX30B2

Code 1

QUESTION TEXT

There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?

PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".

FIELD 1: ANC10PCT**FIELD 1 ROUTING**

Value	Label	Route
1	MEDICAID WRITE-OFF/ADJUSTMENT	BOX EX16B2
2	OTHER WRITE-OFF/ADJUSTMENT	BOX EX16B2
91	OTHER	EX30B2 - ANC10POS
	Don't Know	BOX EX16B2
	Refused	BOX EX16B2

FIELD 2: ANC10POS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX EX16B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ANC10FLG	PERS.ANC10FLG = current round
WRITEANC	If EX30B2-ANC10PCT = 1/MedicaidWriteOff or 2/OtherWriteOff, then PERS.WRITEANC = 1/Indicated.

BOX EX16B2

BOX INSTRUCTIONS

IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1B2 - EX31A1B2C.

ELSE GO TO BOX EX16AAB2.

EX31A1B2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.

Is Medicaid indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A1B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16AAB2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCAID	IF EX31A1B2 - EX31A1B2C = 1/Continue, then PERS.EXFCAID = current round

DESIGN NOTES

Store on bEX.

BOX EX16AAB2

BOX INSTRUCTIONS

IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2B2 - EX31A2B2C.

ELSE GO TO BOX EX16AB2.

EX31A2B2

Code 1

QUESTION TEXT

I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.

Is Medicare indeed paying for (SP)'s care?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX31A2B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX16AB2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXFCARE	IF EX31A2B2 - EX31A2B2C = 1/Continue, then PERS.EXFCARE = current round

DESIGN NOTES

Store on bEX.

BOX EX16AB2

BOX INSTRUCTIONS

IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31AB2 - ECAIDNM3.

ELSE GO TO BOX EX18B2.

EX31AB2

Text

QUESTION TEXT

Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.

FIELD 1: ECAIDNM3**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	EX31BB2 - ECAIDVR2
	Don't Know	BOX EX17B2
	Refused	BOX EX17B2

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
ECAIDNM	PERS.ECAIDNM = EX31AB2 - ECAIDNM3

DESIGN NOTES

Store on bEX.

EX31BB2

Yes/No

QUESTION TEXT

I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?

FIELD 1: ECAIDVR2**FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX EX17B2
1	YES	BOX EX17B2
	Don't Know	BOX EX17B2
	Refused	BOX EX17B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX17B2

BOX INSTRUCTIONS

IF EX31AB2 - ECAIDNM3 = DK, RF OR EX31BB2 - ECAIDVR2 = DK, RF, GO TO EX32AB2 - EX32AB2C.

ELSE GO TO BOX EX18B2.

Variable Name	Assignment Instructions
MCAIDFLG	If PERS.ECAIDNM = RF, then PERS.MCAIDFLG = 1/RForNWK Else if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDK Else if PERS.ECAIDNM <> EMPTY, NULL, then PERS.MCAIDFLG = 3/ValidNumber
EXSPCAID	PERS.EXSPCAID = current round

EX32AB2

Code 1

QUESTION TEXT

Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.

Is Medicaid indeed paying for (SP)'s ancillaries?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX32AB2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX18B2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX18B2

BOX INSTRUCTIONS

IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33B2 - EX33B2C.

ELSE GO TO EX33BB2 - EXBBKCT.

EX33B2

Code 1

QUESTION TEXT

It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.

Is Medicaid indeed no longer paying for (his/her) ancillary services?

IF YES, PRESS '1' TO CONTINUE.

IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.

FIELD 1: EX33B2C**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	EX33BB2 - EXBBKCT

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXBPCAID	IF EX33B2 - EX33B2C = 1/Continue, then EXBPCAID = 1/Indicated

EX33BB2

Code 1

QUESTION TEXT

THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD .

PRESS "1" TO CONTINUE.

FIELD 1: EXBBKCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EX20B2

BOX EX20B2

BOX INSTRUCTIONS

IF THERE ARE ANY ADDITIONAL BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2.

ELSE GO TO BOX EX21B2.

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

IF THERE IS ANOTHER BILLING PERIOD FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, POSITION TO THE NEXT CURRENT ROUND BPER WITH EX9B2 - BILLDAYS > 0.

BOX EX21B2

BOX INSTRUCTIONS

IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34B2 - USENOLTC.

ELSE GO TO BOX EX21AB2.

EX34B2

Yes/No

QUESTION TEXT

Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?

FIELD 1: USENOLTC**FIELD 1 ROUTING**

Value	Label	Route
0	NO	EX35B2 - VEXPTXTG
1	YES	BOX EX21AB2
	Don't Know	BOX EX21AB2
	Refused	BOX EX21AB2

EX35B2

Verbatim Text

QUESTION TEXT

Can you explain this to me?

RECORD VERBATIM BELOW.

FIELD 1: VEXPTXTG**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX EX21AB2

OTHER PROGRAMMING INSTRUCTIONS**DESIGN NOTES**

Store on bEX.

BOX EX21AB2

BOX INSTRUCTIONS

IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AB2 - ECAIDECO.

ELSE GO TO EXEND - EXENDCNT.

EX35AB2

Code 1

QUESTION TEXT

The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?

FIELD 1: ECAIDECO**FIELD 1 ROUTING**

Value	Label	Route
1	STILL PENDING	EXEND - EXENDCNT
2	DENIED	EXEND - EXENDCNT
	Don't Know	EXEND - EXENDCNT
	Refused	EXEND - EXENDCNT

EXEND

Code 1

QUESTION TEXT

(Thank you for your time, I will need to talk to this person to complete these questions.)

(YOU HAVE COMPLETED THE EXPENDITURES SECTION FOR THIS SP.)

PRESS "1" TO RETURN TO NAVIGATION SCREEN.

FIELD 1: EXENDCNT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX EXEND

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EXDISP	If EX2 – ANYBASIC <> DK, then EXDISP = 96/Complete

BOX EXEND

BOX INSTRUCTIONS

GO TO NAVIGATOR