Statement Charge Series (STQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX STBEG	routing	IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND), GO TO ST1 - MHMOSTMT. ELSE GO TO ST2 - MCSAVAIL.	
MHMOSTMT	ST1	code one	Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE. [Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].	(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED
MCSAVAIL	ST2	yes/no	[Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.] [PROBE IF NECESSARY: Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]? (Please include any statements received about [your/(SP's)] prescription drug benefit.)]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
STHIREP	ST3	no entry	BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP.	
MATCHST	ST4	no entry	[MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).]	
ST_CHARGEBUNDLE	ST5	roster	ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS. ADD ONE CHARGE BUNDLE AT THIS ROSTER.	
STTYPE	ST5AA	code one	SELECT SOURCE OF THE STATEMENT(S) FOR THIS CHARGE BUNDLE	(01) MEDICARE SUMMARY NOTICE (MSN) ONLY (02) INSURANCE STATEMENT ONLY (03) BOTH MEDICARE SUMMARY NOTICE (MSN) AND INSURNACE STATEMENT (04) TRICARE STATEMENT ONLY (05) BOTH MEDICARE SUMMARY NOTICE (MSN) AND TRICARE STATEMENTS (06) BOTH TRICARE AND INSURNACE STATEMENTS (07) MEDICARE SUMMARY NOTICE (MSN) AND TRICARE AND INSURANCE STATEMENTS (08) MPDP STATEMENT OR MA/TRICARE PRESCIRPTION DRUG BUNDLE
MCARTYPE	ST5AAA	code one	WHICH TYPE OF MEDICARE STATEMENT DO YOU HAVE TO ENTER? [SEE REFERENCE CARDS FOR MEDICARE STATEMENT EXAMPLES]	(01) MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE - ASSIGNED OR UNASSIGNED (EXAMPLE 1) (02) MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURNACE OUTPATIENT FACILITY CLAIMS (EXAMPLE 2) (03) MEDICARE SUMMARY NOTICE: PART A HOSPITAL INSURANCE INPATIENT CLAIMS (EXAMPLE 3) (04) MEDICARE SUMMARY NOTICE: HOME HEALTH CARE CLAIMS (EXAMPLE 4) (05) MEDICARE SUMMARY NOTICE: PART A HOSPICE FACILITY CLAIMS (EXAMPLE 5)
	BOX ST5A	routing	IF ST5 – STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE. ELSE GO TO BOX ST5B.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
PDPTYPE	ST5A	code one	SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE.	(01) MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT (02) MEDICARE ADVANTAGE STATEMENT (03) TRICARE STATEMENT
	BOX ST5B	routing	SET STATEMENT TYPE. GO TO BOX ST5.	
	BOX ST5	routing	IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM. ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST11B - PDPBEGMM.	
MSNCLNUM	ST7	text	ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH ONE CLAIM TOTAL. IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER "DON'T KNOW". DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW
MSNCLNM2	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
MSNCLNM3	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
MSNCLNM4	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
MSNCLNM5	ST7	text		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
	BOX ST7	routing	IF ST7 - MSNCLNUM = DK, GO TO BOX ST9. ELSE GO TO ST8 - MSCLVER1.	
MSCLVER1	ST8	text	PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN.	(01) CONTINUOUS ANSWER
	BOX ST8	routing	IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM.	IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM.
WHICHNUM	ST9	code one	YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY. FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER) SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER) WHICH IS CORRECT?	(01) FIRST (02) SECOND (03) NEITHER
NEWCLNUM	ST9	text	ENTER CORRECT MSN CLAIM CONTROL NUMBER:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST9	routing	IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.	
INSCLNUM	ST10	text	ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".	(01) CONTINUOUS ANSWER (-8) DON'T KNOW
	BOX ST10	routing	IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.	
TRICLNUM	ST11	text	ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".	(01) CONTINUOUS ANSWER (-8) DON'T KNOW
PDPBEGMM	ST11B	date	ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. BEGINNING DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
PDPBEGDD	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
PDPBEGYY	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
PDPENDMM	ST11B	date	ENDING DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
PDPENDDD	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
PDPENDYY	ST11B	date		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
INCTYPE	ST12	code all	WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)? CHECK ALL THAT APPLY.	(01) PROVIDER SERVICE DATES (02) HOME HEALTH VISITS (03) OTHER MEDICAL EXPENSES (04) PRESCRIBED MEDICINES
	BOX ST12	routing	IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER_STDATE. ELSE GO TO BOX ST26.	
PROVIDER_STDATE	ST13	roster	WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.
PROVNAME	ST13	verbatim	[PROVIDER LOOKUP CAN BE CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. NAME:	
GROUPNAM	ST13	verbatim	GROUP:	
STDATEUPD	ST14	code one	THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER. DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?	(01) NO, DO NOT NEED TO ADD OR EDIT EVENT DATES (02) YES, NEED TO ADD EVENT DATE (03) YES, NEED TO EDIT EVENT DATE
VISITYPE		select one	SELECT TYPE OF VISIT TO ADD:	(01) Separately Billing Lab (SL) (02) Separately Billing Doctor (SD) (03) Dental (DU) (04) Hospital Emergency Room (ER) (05) Hospital Inpatient Saty (IP) (06) Hospital Outpatient Visit (OP) (07) Institutional Stay (IU) (10) All other visits to Medical Provider (MP)
EVENT_STDATEDIT	ST15	roster	 SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.	(01) CONTINUOUS ANSWER
EVENT	ST16	roster	[When did [you/(SP)] see (PROVIDER NAME)?/When [were you/was SP]] admitted to and discharged from (HOSPITAL NAME)?] Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE. ADD ALL EVENT DATES FOR THIS PROVIDER. [IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.]	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX ST16A	routing	IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX ST16B. ELSE GO TO ST14 - STDATEUPD.	
	BOX ST16B	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO. ELSE GO TO BOX ST17.	
STDATEINTRO	ST17	no entry	Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.	
	BOX ST17	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS AN 'DU' OR 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18A - PROVSPEC. ELSE GO TO BOX ST18.	
PROVSPEC	ST18	code one	What kind of medical person is (PROVIDER NAME)? [SELECT THE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY. IF THE RESPONDENT NAMES A MEDICAL SPECIALTY NOT LISTED BELOW, BUT LISTED ON SHOWCARD AC1, SUCH AS 'CARDIOLOGY,' SELECT 'MEDICAL DOCTOR.']	(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST
PROVSPOS	ST18	text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) CONTINUOUS ANSWER
PROVSPEC	ST18A	code one	What kind of dental provider is [PROVNAME]?	(01) GENERAL DENTIST (35) DENTAL HYGIENIST (36) DENTAL TECHNICIAN (37) DENTAL/ORAL SURGEON (38) ORTHODONTIST (39) ENDODONTIST (40) PERIDONTIST (41) PROSTHODONTIST (91) OTHER (-8) DON'T KNOW (-9) REFUSED

Statement Charge Series (STQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code List
PROVSPECOTH	ST18A	code one	What kind of dental provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN)
PROVSPECOTH	ST18A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]
	BOX ST18	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ST19 - VAPLACE. ELSE GO TO BOX ST19.	
VAPLACE	ST19	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX ST19	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ST20 - HMOASSOC. ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ST21 - HMOREFER. ELSE GO TO ST22A_IN - NAVIGATOR.	
HMOASSOC	ST20	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
HMOREFER	ST21	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
NAVIGATOR	ST22A_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR BOX ST22A (02) CONTINUE INTERVIEW SELECTED ST14 - STDATEUPD

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX ST22A	routing	FOR THIS EVENT ADDED AT ST16, IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS. ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS. ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B. ELSE IF TYPE OF EVENT = 'DU', GO TO DU7 - DVPROCDR. ELSE GO TO BOX ST23B.	
	BOX ST22B	routing	IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT) GO TO ST23 - MPSDVIS. ELSE GO TO BOX ST23A.	
MPSDVIS	ST23	yes/no	We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX ST23A	routing	IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B. ELSE GO TO BOX MP2C.	
	BOX ST23B	routing	GO TO ST22A_IN - NAVIGATOR.	
EVENT_STDATE	ST24	roster	SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.	(01) CONTINUOUS ANSWER
	BOX ST24	routing	IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.	
RVLINKS	ST24A	numeric	ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST24A	routing	IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.	
STDATEMTCH	ST25	code one	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT
EVENT_STDATEDEL	ST26	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER
	BOX ST26	routing	IF ST12 – INCTYPE INCLUDES 2/HHVisits, GO TO ST27 - PROVIDER_STHH. ELSE GO TO BOX ST33.	
PROVIDER_STHH	ST27	roster	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	(01) CONTINUOUS ANSWER
COSTBEGM	ST28	numeric	ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE. START DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
COSTBEGD	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
COSTBEGY	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
COSTENDM	ST28	numeric	STOP DATE:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
COSTENDD	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
COSTENDY	ST28	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST28A	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNTTYPE. ELSE GO TO BOX ST31B.	
HHEVNTTYPE	ST30	code one	IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?	(01) HOME HEALTH PROFESSIONAL (02) OTHER HOME HEALTH PROVIDER
STHHINTRO	ST31	no entry	Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.	BOX ST31A
	BOX ST31A	routing	IF ST30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX ST31B	routing	LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO ST32 - STHHMTCH.	
STHHMTCH	ST32	code one	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE. PLEASE USE THE BOX BELOW TO EXPLAIN IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE	
	BOX ST33	routing	IF ST12 – INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD. ELSE GO TO BOX ST40.	
STOMUPD	ST34	code one	THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?	(01) NO, DO NOT NEED TO ADD OR EDIT OM EVENT (02) YES, NEED TO ADD AN OME EVENT (03) YES, NEED TO EDIT AN OME EVENT
EVENT_STOMEDIT	ST35	roster	SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.	
STOMADD	ST36	code one	WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?	(01) GLASSES/CONTACTS (02) HEARING/SPEECH DEVICE (03) ORTHOPEDIC ITEM (04) DIABETIC SUPPLIES (05) AMBULANCE/RESCUE (06 PROSTHESIS (07) ALTERATIONS (HOME/CAR) (08) OXYGEN (09) KIDNEY DIALYSIS (10) ALL OTHER MEDICAL SUPPLIES
	BOX ST36	routing	GO TO ST34 - STOMUPD.	
	ST37	roster	SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).	
	BOX ST37	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.	
MONTHCOV	ST38	numeric	HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED
MONCOV96	ST38			(01) LESS THAN 1 MONTH (-7) EMPTY
	BOX ST38A	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.	
	BOX ST38B	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.	
NUMLINKS	ST38A	numeric	HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST38AA	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.	
STOMMTCH	ST39	code one	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD AN OME EVENT (03) NO, NEED TO REMOVE AN OME EVENT
EVENT_STOMDEL	ST40	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER
	BOX ST40	routing	IF ST12 – INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT_STPM. ELSE GO TO BOX ST45.	
EVENT_STPM	ST41	roster	SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER
NUMLINKS	ST42	grid	HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST42	routing	IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT ST41, GO TO ST43 - STPMINTRO. ELSE GO TO ST44 - STPMMTCH.	
STPMINTRO	ST43	no entry	Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]	

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX ST43	routing	GO TO ST44 - STPMMTCH.	
STPMMTCH	ST44	code one	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) YES (02) NO, NEED TO ADD A MEDICINE NAME (03) NO, NEED TO REMOVE A MEDICINE NAME
EVENT_STPMDEL	ST45	roster	SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	(01) CONTINUOUS ANSWER
	BOX ST45	routing	IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE. ELSE GO TO BOX ST46.	
ORPMESSAGE	ST46	no entry	SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.	
	BOX ST46	routing	IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 – STTTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPartB), GO TO ST47 - ASGNTAKE. ELSE GO TO BOX ST47.	
ASGNTAKE	ST47	code one	WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?	(01) YES (02) NO (03) CAN'T TELL
	BOX ST47	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG. ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 4/MSNPartB, GO TO ST52 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 6/MSNPartAInpatient, GO TO ST56 - DAYSUSED. ELSE GO TO ST60 - TOTALCHG.	
TOTALCHG	ST47A	dollar	ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
TOTALCHG	ST48	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW".	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCAPPAMT	ST48	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST48	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST48	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51. ELSE IF (AMOUNT REMAINING < $1.00) OR ((ST48 - MCAPPAMT ^= DK OR RF) AND (AMOUNT REMAINING < .02 * ST48 - MCAPPAMT)), GO TO BOX ST80. ELSE GO TO ST49 - STTCHGPAID1.	
STTCHGPAID1	ST49	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of $(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED
CHANGAMT	ST50	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT: TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT) TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT) AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO
TOTALCHG	ST51	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED

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MCAPPAMT	ST51	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST51	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST51	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < $1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 * ST51 - MCAPPAMT))), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	
TOTALCHG	ST52	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN:	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCAPPAMT	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST52	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
STTCHGPAID1	ST53	code one	REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining of $(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED
CHANGAMT	ST54	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) : AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT) MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO
TOTALCHG	ST55	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCAPPAMT	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST55	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW
	BOX ST55	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	
DAYSUSED	ST56	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN. DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.	(01) CONTINUOUS ANSWER
NONCOVRD	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST56	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
	BOX ST56	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59. ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80. ELSE GO TO ST57 - STTCHGPAID1.	
STTCHGPAID1	ST57	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining $(AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED
CHANGAMT	ST58	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: BENEFITS DAYS USED: (DAYS USED) NON-COVERED CHARGES: (NON COVERED CHARGES) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO
DAYSUSED	ST59	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	(01) CONTINUOUS ANSWER
NONCOVRD	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST59	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST59	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
TOTALCHG	ST60	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCAPPAMT	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST60	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST60		IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63. ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80. ELSE GO TO ST61 - STTCHGPAID1.	
STTCHGPAID1	ST61	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining (AMOUNT REMAINING) that Medicare didn't pay. [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (03) AMOUNT REMAINING SEEMS WRONG (-8) DON'T KNOW (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
CHANGAMT	ST62	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) YES (02) NO
TOTALCHG	ST63	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCAPPAMT	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MCPAYAMT	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
MAYBBILL	ST63	numeric		(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED
	BOX ST63	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	
STTCHGPAID2	ST64	code one	REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:) [The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this?	(01) SP OR ANY SOURCE PAID (02) NOTHING HAS BEEN PAID (-8) DON'T KNOW (-9) REFUSED
	BOX ST64A	routing	IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B. ELSE GO TO BOX ST80.	
	BOX ST64B	routing	CREATE SOURCE OF PAYMENT ROSTER IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 – STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT.	
STADDSOP1	ST65	yes/no	ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT.	(01) YES (02) NO
SOP_ST1	ST66	roster	ADD ALL ADDITIONAL SOURCES OF PAYMENT.	(01) CONTINUOUS ANSWER
TSOPAMT	ST67	grid	(REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT). Who (else) paid besides Medicare? How much did (SOURCE) pay? ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW (-9) REFUSED
	BOX ST67HE	routing	IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX ST67A. ELSE GO TO ST67HE - PAYMHE.	
PAYMHE	ST67HE	no entry	THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN $0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'. USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS.	(01) CONTINUOUS ANSWER
	BOXST67A	routing	IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B. ELSE GO TO BOX ST69F.	
	BOX ST67B	routing	IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO. ELSE-GO TO BOX ST69E.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
PLANINTRO	ST67BINT	no entry	Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	(01) CONTINUOUS ANSWER
NAVIGATOR	ST67B_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED
	BOX ST67C	routing	CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST69 - STSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69A - STMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69B - STSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME. ELSE GO TO HIT2 - COVTIME.	
STMHMOCHNG1	ST68	yes/no	I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
STSOPCURR1	ST69	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
STMPDPCHNG	ST69A	yes/no	I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
STSOPCURR2	ST69B	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX ST69A	routing	GO TO ST67B_IN - NAVIGATOR.	
	BOX ST69E	routing	IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX ST69F.	

	BOX ST69F	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^= DK and TOTAL CHARGE ^= RF) and (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > $1.00)), GO TO ST73 - AMTSCORR.
			IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^= DK AND ^= RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR.
			ELSE IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > $1.00), GO TO ST70 - AMTSCORR.
			ELSE GO TO BOX ST77C.	

AMTSCORR	ST70	code one	There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount (unpaid/overpaid) is $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) ENTRIES ABOVE ARE CORRECT (02) DO NOT DISPLAY (03) AMOUNT REMAINING SEEMS INCORRECT (-8) (-9) REFUSED

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
AMTSCORR	ST71	code one	THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.

IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT
(02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY.
(03) AMOUNT REMAINING SEEMS INCORRECT
(-8)
(-9) REFUSED |
| ENTERCOM | ST72 | no entry | [THE TOTAL OF NON-MEDICARE PAYMENTS IS $(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).]

USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT. | (01) CONTINUOUS ANSWER |
| AMTSCORR | ST73 | yes/no | There seems to be some amount still unpaid. The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount unpaid is $(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct?
IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT
(02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY.
(03) AMOUNT REMAINING SEEMS INCORRECT DO NOT DISPLAY.
(-8)
(-9) REFUSED |
| INFOEXPLAIN | ST74 | yes/no | IS THERE ADDITIONAL INFORMATION ON THE DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID? | (01) YES
(02) NO |
| ENTERCOM2 | ST75 | no entry | USE THE BOX BELOW TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID. | |
| | BOX ST77C | routing | CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67
GO TO BOX ST77D. | |
| | BOX ST77D | routing | IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN $5.00, GO TO ST78 - EXPPAYBK.
ELSE GO TO BOX ST80. | |
| EXPPAYBK | ST78 | yes/no | I have recorded that [you have/(SP) has] paid $(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount? | (01) YES
(02) NO
(-8) DON'T KNOW
(-9) REFUSED |
| | BOX ST78A | routing | IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71)), GO TO ST80 - EXPAYUNT.
ELSE GO TO BOX ST80. | |
| | BOX ST78B | routing | IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71)), GO TO ST79 - EXPAYOUT.
ELSE GO TO BOX ST80. | |
| EXPAYOUT | ST79 | yes/no | Do you expect anyone to pay any of this amount? | (01) YES
(02) NO
(-8) DON'T KNOW
(-9) REFUSED |
| EXPAYUNT | ST80 | quantity unit | How much do you expect will be paid? | (01) PERCENTAGE
(02) DOLLARS
(-8) DON'T KNOW
(-9) REFUSED |
| EXPAYPCT | ST80 | numeric | | (01) CONTINUOUS ANSWER |
| EXPAYAMT | ST80 | numeric | | (01) CONTINUOUS ANSWER |
| | BOX ST80 | routing | IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG.
ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG.
ELSE IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST82 - ASTATEMENT.
ELSE GO TO ST81 - ABUNDLE. | |
| ABUNDLE | ST81 | yes/no | IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)? | (01) YES
(02) NO |
| ASTATEMENT | ST82 | yes/no | IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER? | (01) YES
(02) NO |
| | BOX STEND | routing | GO TO NEXT SECTION. | |