# 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 - VEXPTXTB.

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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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 hasANCRATE = DK, RF, then BPER.ANCILPAY = DK.Else BPER.ANCILPAY = sum of allPAYM.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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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

| Variable Name | Assignment Instructions |
| --- | --- |
| BPLENGTH | If PreloadFQ.BPLENGTH <> EMPTY, NULL, then FQ.BPLENGTH = PreloadFQ.BPLENGTH |
| FRSTBPER | 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 |
| ANCNVSEP | If FQ.ANCNVSEP = EMPTY, NULL and PreloadFQ.ANCNVSEP = 1/Indicated, then FQ.ANCNVSEP = 1/Indicated |
| BPLENGOS | If PreloadFQ.BPLENGOS <> EMPTY, NULL, then FQ.BPLENGOS = PreloadFQ.BPLENGOS |

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 - COMRECYY |

Field 3: COMRECYY

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 |
| BPLENGOS | FQ.BPLENGOS = EX6-BPLNCROS |

# BOX EX2AA1

Box Instructions

GO TO BOX EX2A.

Other Programming Instructions

| Variable Name | Assignment Instructions |
| --- | --- |
| COMREC | If FQ.BPLENGTH = 1/Monthly and EX5-COMRECDD <> last day of the month represented by EX5-COMRECMM and EX5-COMRECYY, then PERS.COMREC = last day of month preceding EX5-COMRECMM.Else PERS.COMREC = EX5-COMRECYY + EX5-COMRECMM + EX5-COMRECDD. |

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

| Variable Name | Assignment Instructions |
| --- | --- |
| EXREFEND | If PERS.EXREFEND > PERS.COMREC, then PERS.EXREFEND = PERS.COMREC |
| TOTEXDAYS | TOTEXDAYS = (PERS.EXREFEND - PERS.EXREFBEG) + 1 |
| SUMDAYS | SUMDAYS = 0 |

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 |
| 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 - BILLDAYS = 0, GO TO EX33B - EXABKCT.

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

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

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

ELSE GO TO EX10 - EX10CODE.

| **Variable Name** | **Assignment Instructions** |
| --- | --- |
| SUMDAYS | If RHDAYS <> 0, DK, then SUMDAYS = SUMDAYS + RHDAYS.Else SUMDAYS = SUMDAYS + EX9 - BILLDAYS |

# 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 |
| BRATRNDC | BRATRNDC = 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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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 - 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.

# 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 hasANCRATE = DK, RF, then BPER.ANCILPAY = DK.Else BPER.ANCILPAY = sum of allPAYM.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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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 |
| 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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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 hasANCRATE = DK, RF, then BPER.ANCILPAY = DK.Else BPER.ANCILPAY = sum of allPAYM.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 CERTIFED 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/RForNWKElse if PERS.ECAIDNM = DK, then PERS.MCAIDFLG = 2/NumIsDKElse 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