

# SpecWriter Data

**Form Version:** 10/13/2017 1:17:33 PM  
**Report Type:** Full Detail  
**Project Database:** WESSQL6.MEPS\_V2  
**Language:** English  
**Spec Label:**

**This is the cover page. Additional contents currently project specific.**

BOX\_00      (CP1000)      Item Type: Route      Type Class: If Then

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**Route Details:**      01 Box = BOX\_00, BOX\_10, BOX\_20, BOX\_30, BOX\_40, BOX\_50, BOX\_60, BOX\_70, BOX\_80, BOX\_90, BOX\_100, BOX\_110, BOX\_120, BOX\_130, BOX\_140, BOX\_150

04 Single Select = CP20, CP40, CP60, CP70, CP100, CP110, CP160, CP170, CP180, CP190, CP210, CP240

06 Single Select with Fill in Answer Text = CP10, CP80, CP120, CP130, CP140

11 Multiple Select with Add/Edit/Delete = CP220

18 Dollar Items Not Allowing Cents = CP30, CP150, CP200, CP230

23 Text Field = CP90

24 Information Screen = CP50

Grid 2 = CP230

**BOX 10**

**(CP1001)**

**Item Type:** Route

**Type Class:** If Then

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**Route Details:**

Context header display instructions:

Display PROV.PROVNAME, EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, EVPV.EVNTBEGY, EVPV.EVNTENDM, EVPV.EVNTENDDD, EVPV.EVNTENDY, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, EVPV.RVNAME

Display {NAME OF MEDICAL CARE PROVIDER} in the context header if the event type is not 'OM' (Other Medical Expenses). Otherwise, use null value.

Display {EVN-DT} in the context header if event type is not 'OM' (Other Medical Expenses).

Display {REF-DT} in the context header if event type is 'OM' (Other Medical Expenses).

Display 'repeat visit: {NAME OF REPEAT VISIT GROUP}' in the context header if this event is a repeat visit stem.

For '{REF- DT}', displayed in the context header, display the start date of the current round.

Display {OME ITEM GROUP NAME} in the context header if the event type is OM. For {OME ITEM GROUP NAME} display the name of the other medical expenses item group being asked about for this event.

Display 'Glasses or Contact Lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES' (EE40='1' YES, EE50='1' YES, or OM10 = '1' YES).

Display 'Ambulance Services' if this is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES).

Display 'Disposable Supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES).

Display 'Long-term Medical Equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).

**BOX 20**                      **(CP1005)**                      **Item Type:** Route                      **Type Class:** If Then

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**Route Details:**                      Throughout the Charge/Payment (CP) section, entry of all dollar amounts will include only whole dollars. Entry of cents will be disallowed.

Some items (CP220) in this section allow the addition of a source of payment for the RU. When the interviewer presses CTRL-A, CAPI displays a pop-up with a blank entry field and a selectable pick list of some common sources as follows:

What is the source of payment?

Government Sources

- 'Medicare'
- 'Medicaid{/STATE NAME FOR MEDICAID}'
- 'SCHIP{/STATE NAME FOR CHIP}'
- 'VA (VETERAN'S ADMINISTRATION)/CHAMPVA'
- 'Tricare'
- 'Military Facility'
- 'Indian Health Service'
- 'Worker's Compensation'

Private Sources

- 'AARP'
- 'Aetna'
- 'Blue Cross/Blue Shield'
- 'Cigna'
- 'Delta Dental'
- 'Kaiser/Kaiser Permanente'
- 'United Healthcare'
- 'Other Source not listed'
- When 'Other Source not listed' is selected, CAPI should display a text box for entry

Display '/STATE NAME FOR MEDICAID' (substituting the real state name for program) if the state in which interview being conducted does not use the name 'Medicaid'. Otherwise, use a null display. For the specific name to use by state, see the plan fill file.

Display 'STATE NAME FOR CHIP' under all conditions (substituting the real state name for program). For the specific name to use by state, see the plan fill file.

The pick list expedites the entry of one of these common sources. Once the interviewer selects from the pick list (or types an entry) and returns to the main screen, the added source of payment appears in the roster as selected. If a source already listed in the roster is added at the pick list pop-up for a second time, CAPI should display the following error message: "SOURCE ALREADY ADDED. VERIFY. IF SAME SOURCE, CANCEL POP-UP AND SELECT SOURCE AT MAIN QUESTION."

If event type is HH  
and

HH provider associated with the event being asked about is coded 'AGENCY' (EV60 = 1 'WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME'), 'INFORMAL' (EV50= 1 'FRIEND/NEIGHBOR', 2 'RELATIVE', 3 'VOLUNTEER') or 'VOLUNTEERED: MEAL DELIVERY SERVICE' (EV50=5 VOLUNTEERED MEAL DELIVERY SERVICE) go to BOX\_150.

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**BOX\_30**                    **(CP1050)**                    **Item Type:** Route                    **Type Class:** If Then

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**Route Details:**                    If event type is ER, OP, MV, or DN, and is first time through charge payment for this person-provider pair and pair was flagged as 'COPAYMENT SITUATION' during the previous round (Provdiar.PersonProvider (CoPaySituation)) (OM events can't be flagged as a copayment situation), continue with BOX\_40.

Otherwise, go to CP50.

NOTE: Copayment data at a person-provider level needs to come forward from the previous round (Provdiar.PersonProvider (CoPaySituation)).

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**BOX\_40**                    **(CP1051)**                    **Item Type:** Route                    **Type Class:** If Then

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**Route Details:**                    If copay amount from previous round is greater than \$0, go to CP10 (Provider.Person[!].CPayAmt).

If copay amount from previous round is equal to \$0, go to CP40 (Provider.Person[!].CPayAmt).

Full Detail Spec

<b>CP10</b>	<b>(CP1055)</b>	<b>BLAISE NAME:</b> CPaySameLRnd		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	Enumerated	<b>Field Size:</b>		
<b>Answer Type:</b>	TCPAYSAME	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

Help Available (CPayHelp)                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

My records indicate that at the last interview, {you/{PERSON}} (or someone in the family) usually pay{s} a {\$ AMT COPAY} copayment to {PROVIDER}. Is this still correct?

HELP: F1

<b>Responses:</b>	YES, STILL PAY {\$ AMT COPAY}.....	1	CP50	(CP1065)
	NO .....	2	CP20	(CP1056)
	REFUSED .....	RF	CP50	(CP1065)
	DON'T KNOW .....	DK	CP50	(CP1065)

**Programmer Instructions:** If coded '1' (YES, STILL PAY {\$ AMT COPAY}), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), flag this person-provider as 'copayment situation' for the current round and set copayment amount from the previous round (Provider.PersonProvider[I].CpayAmt) as this person-provider pair's copayment amount for the current round.

**Display Instructions:** For '\$ AMT COPAY' in the question text and response option '1' (YES, STILL PAY {\$ AMT COPAY}), display the CP200 amount flagged as 'copayment situation' during the previous round (Provider.PersonProvider[I].CpayAmt) for this person-provider pair.

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
 Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
 Variable stored at MEPSSpring2018\_Event.CP\_Main  
 Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP20**

**(CP1056)**

**BLAISE NAME:** CPayChng

**Item Type:** Question      **Field kind:** Datafield      **ArrayMin:**      **Min value:**  
**Type Class:** Enumerated      **Field Size:**  
**Answer Type:** TCCOPYMTCHNGD      **Answers allowed:** 1      **ArrayMax:**      **Max value:**

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Help Available (CPayHelp)                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

Has your copayment amount changed, or do you no longer have a copayment?

HELP: F1

**Responses:**      PAY A DIFFERENT COPAYMENT      ... 1      CP30      (CP1060)  
    AMOUNT  
    NOT A COPAYMENT SITUATION      ..2      CP50      (CP1065)  
    ANYMORE  
    REFUSED      ..... RF      CP50      (CP1065)  
    DON'T KNOW      ..... DK      CP50      (CP1065)

**Programmer Instructions:**      If coded 2 'NOT A COPAYMENT SITUATION ANYMORE', DK 'DON'T KNOW', or RF 'REFUSED', do not flag this person-provider as 'copayment situation' for the current round.

**Display Instructions:**

**Testing/Editing Notes:**      Variable collected at MEPSSpring2018.CP\_Main  
    Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
    Variable stored at MEPSSpring2018\_Event.CP\_Main  
    Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main





<b>CP40</b>	<b>(CP1061)</b>	<b>BLAISE NAME:</b> ProvNoPay		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	Enumerated	<b>Field Size:</b>		
<b>Answer Type:</b>	TYESNO	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

Help Available (CPayHelp)                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

My records indicate that at the last interview, {you/{PERSON}} (or someone in the family) do not usually have to make any payments for visits to {PROVIDER}. Is this still correct?

HELP: F1

<b>Responses:</b>	YES .....	1	CP50	(CP1065)
	NO .....	2	CP50	(CP1065)
	REFUSED .....	RF	CP50	(CP1065)
	DON'T KNOW .....	DK	CP50	(CP1065)

**Programmer Instructions:**     If coded '1' (YES), DK 'DON'T KNOW', or RF 'REFUSED', flag this person-provider pair as 'copayment situation' for the current round and set copayment amount from the previous round (Provider.PersonProvider[1].CPayAmt) as the person's copayment amount for the current round (\$0).

If coded '2' (NO), do not flag this person-provider as 'copayment situation' for the current round.

**Display Instructions:**

**Testing/Editing Notes:**     Variable collected at MEPSSpring2018.CP\_Main  
                                  Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
                                  Variable stored at MEPSSpring2018\_Event.CP\_Main  
                                  Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

<b>CP50</b>	<b>(CP1065)</b>	<b>BLAISE NAME:</b> CPayIntro
<b>Item Type:</b>	Instruction	<b>Field kind:</b> Datafield
<b>Type Class:</b>	Enumerated	
<b>Answer Type:</b>	TContinue	<b>Answers allowed:</b> 1

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Help Available (CPayIntroHelp)                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

Now I'd like to ask you about the charges for { your/{PERSON}'s} stay at {HOSPITAL} that began on {ADMIT DATE}/{your/{PERSON}'s} visit to {PROVIDER} on {VISIT DATE}/the {OME ITEM GROUP NAME} used by {you/{PERSON}} since {START DATE}/services received at home from {PROVIDER} during {MONTH} for {you/{PERSON}} }.

{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}

PRESS 1 AND ENTER TO CONTINUE.

HELP: F1

**Responses:**             CONTINUE     -----

**Programmer Instructions:** If event type is ER, OP, MV, or DN and person-provider pair is flagged as 'COPAYMENT SITUATION' for the current round, go to CP60.

Otherwise, go to CP70.

**Display Instructions:** Display '{your/{PERSON}'s} stay at {HOSPITAL} that began on {ADMIT DATE}' if event type is HS.

Display '{your/{PERSON}'s} visit to {PROVIDER} on {VISIT DATE}' if event type is ER, OP, MV, OR DN.

Display the '{OME ITEM GROUP NAME} used by {you/{PERSON}} since {START DATE}' if event type is OM.

Display 'services received at home from {PROVIDER} during {MONTH} for {you/{PERSON}}' if event type is HH.

Display '{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}' if event type is HS.

For {OME ITEM GROUP NAME}, display the name of the other medical expenses item group being asked about for this event, as follows:

Display 'glasses or contact lenses' if this is an event for 'GLASSES OR CONTACT LENSES' (EE40='1' YES, EE50='1' YES, or OM10='1' YES).

Display 'ambulance services' if This is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES)

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES)

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main



**Programmer Instructions:** If coded '1' (YES), copy all previous copayment charge payment data for the person-provider pair to this event-provider-pair.

If coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), do NOT copy the copayment charge payment data for this person-provider pair to this event-provider pair. Full charge payment data for this event-provider pair will be collected. The copayment flag remains unchanged for this person-provider pair, however, it is not applied to this particular event.

**Display Instructions:** Display 'only paid the {\$ AMT COPAY } copayment' if this person-provider pair's copayment amount for the current round does not equal zero (\$0).

For '\$ AMT COPAY': Display the current copayment amount for this person-provider pair for this round (confirmed at CP10, updated at CP30, or amount entered at CP200 and set as current copayment amount per BOX\_140).

Display 'paid nothing' if this person-provider pair's copayment amount for the current round equals zero (\$0).

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP70**

**(CP1080)**

**BLAISE NAME:** EvpvRcvBill

**Item Type:** Question      **Field kind:** Datafield      **ArrayMin:**      **Min value:**  
**Type Class:** Enumerated      **Field Size:**  
**Answer Type:** TYESNO4      **Answers allowed:** 1      **ArrayMax:**      **Max value:**

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Help Available (RcvBillHelp)       Show Card ( )       Look Up File ( )

**Context Header:**      {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REFDT}  
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

{Have/Has} {you/{PERSON}} (or anyone in the family) received anything in writing, such as a bill, receipt, or statement, for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

HELP: F1

**Responses:**

YES, AND DOCUMENTATION AVAILABLE	----	1	BOX_50	(CP1096)
YES, BUT DOCUMENTATION NOT AVAILABLE	-----	2	BOX_50	(CP1096)
NO	.....	3	CP80	(CP1085)
REFUSED	.....	RF	CP80	(CP1085)
DON'T KNOW	.....	DK	CP80	(CP1085)

**Display  
Instructions:**

Display 'this hospital stay' if event type is HS.

Display 'this visit' if event type is ER, OP, MV, OR DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' if event type is HH.

For {OME ITEM GROUP NAME} display the name of the other medical expenses item group being asked about for this event.

Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10='1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

**Testing/Editing  
Notes:**

Variable collected at MEPSSpring2018.CP\_Main

Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Variable stored at MEPSSpring2018\_Event.CP\_Main

Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

**CP80**                      **(CP1085)**                      **BLAISE NAME:** EvpvYNoBill  
**Item Type:**              Question                      **Field kind:** Datafield    **ArrayMin:**              **Min value:**  
**Type Class:**            Enumerated                      **Field Size:**  
**Answer Type:**          TYNOBILL                      **Answers allowed:** 1    **ArrayMax:**              **Max value:**

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Help Available (YNoBillHelp)                       Show Card (CP-1)                       Look Up File ( )

**Context Header:**      {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

 CP-1.

Please look at card CP-1. Why {have/has} {you/{PERSON}} (or anyone in the family) not received anything in writing?

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

HELP: F1

**Responses:**

PAID AT TIME OF VISIT .....	1	BOX_50	(CP1096)
MADE A COPAYMENT .....	2	BOX_50	(CP1096)
BILL SENT DIRECTLY TO OTHER SOURCE .....	3	CP90	(CP1090)
BILL HAS NOT ARRIVED .....	4	BOX_50	(CP1096)
NO BILL SENT: HMO PLAN .....	5	BOX_50	(CP1096)
NO BILL SENT: VA (VETERANS ADMINISTRATION)/CHAMPVA .....	6	BOX_50	(CP1096)
NO BILL SENT: MILITARY FACILITY.....	7	BOX_50	(CP1096)
NO BILL SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP .....	8	BOX_50	(CP1096)
NO BILL SENT: INDIAN HEALTH SERVICE (IHS) .....	9	BOX_50	(CP1096)
NO BILL SENT: WORKER'S COMPENSATION .....	10	BOX_50	(CP1096)
NO BILL SENT: PRIVATE HEALTH CENTER/CLINIC .....	11	BOX_50	(CP1096)
NO BILL SENT: PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY .....	12	BOX_50	(CP1096)
NO CHARGE: TELEPHONE CALL .....	13	BOX_130	(CP1485)
FREE FROM PROVIDER .....	14	BOX_130	(CP1485)
GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS .....	15	BOX_130	(CP1485)
{INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)} .....	95		
REFUSED .....	RF	BOX_50	(CP1096)
DON'T KNOW .....	DK	BOX_50	(CP1096)



**Programmer Instructions:** If 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' is selected, and event-provider pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

**Display Instructions:** Display the interviewer instruction "SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION." if event-provider pair does not represent repeat visit stem or this is not an OM event. Otherwise, use a null display.

Display response option 95 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

<b>CP90</b>	<b>(CP1090)</b>	<b>BLAISE NAME:</b> EvpvWhereBill		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	String	<b>Field Size:</b> 45		
<b>Answer Type:</b>	{Continuous Answer.}	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

Help Available ( )                       Show Card ( )                       Look Up File ( )

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV}{OME ITEM GROUP NAME} {EVN-DT/REF-DT}  
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**  
To whom was the bill sent?  
RECORD VERBATIM.

**Responses:**

.....	CP100	(CP1095)
REFUSED .....	RF CP100	(CP1095)
DON'T KNOW .....	DK CP100	(CP1095)

**Display  
Instructions:**

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
 Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
 Variable stored at MEPSSpring2018\_Event.CP\_Main  
 Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

<b>CP100</b>	<b>(CP1095)</b>	<b>BLAISE NAME:</b> EvpvWhereBillTp		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	Enumerated	<b>Field Size:</b>		
<b>Answer Type:</b>	TWHOBILLC	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

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Help Available (WhereBillTpHelp)                       Show Card ( )                       Look Up File ( )

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

INTERVIEWER: SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HELP: F1

<b>Responses:</b>	HMO .....	1	BOX_50	(CP1096)
	VA (VETERANS ADMINISTRATION)/CHAMPVA .....	2	BOX_50	(CP1096)
	TRICARE .....	3	BOX_50	(CP1096)
	OTHER MILITARY .....	4	BOX_50	(CP1096)
	PUBLIC ASSISTANCE/MEDICAID/SCHIP .....	5	BOX_50	(CP1096)
	WORKER'S COMPENSATION .....	6	BOX_50	(CP1096)
	PRIVATE INSURANCE COMPANY .....	7	BOX_50	(CP1096)
	INDIAN HEALTH SERVICE (IHS) .....	8	BOX_50	(CP1096)
	OTHER .....	91	BOX_50	(CP1096)
	REFUSED .....	RF	BOX_50	(CP1096)
	DON'T KNOW .....	DK	BOX_50	(CP1096)

**Display  
Instructions:**

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
 Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
 Variable stored at MEPSSpring2018\_Event.CP\_Main  
 Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

**BOX\_50**                      **(CP1096)**                      **Item Type:** Route                      **Type Class:** If Then

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**Route Details:** If event is for orthodontics (DN20=12 'ORTHODONTIA, BRACES, OR  
 RETAINERS') or dental restorative services (DN20=6 'FILLINGS, INLAYS, CROWNS  
 OR CAPS' or 7 'Root Canal'), go to CP110.  
  
 Otherwise, go to BOX\_60.

**CP110**                      **(CP1097)**                      **BLAISE NAME:** FFeeSituation  
**Item Type:** Question                      **Field kind:** Datafield                      **ArrayMin:**                      **Min value:**  
**Type Class:** Enumerated                      **Field Size:**  
**Answer Type:** TYESNO                      **Answers allowed:** 1                      **ArrayMax:**                      **Max value:**

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Help Available ( )                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

Sometimes a person can be charged a 'lump sum' for orthodontia or dental restorative treatments that require a series of visits like braces, retainers, fillings, inlays, crowns, or caps. We call this "a flat fee situation." Is {your/{PERSON}'s} visit to {PROVIDER} on {VISIT DATE} part of a flat fee?

**Responses:** YES ..... 1  
 NO ..... 2 BOX\_60 (CP1098)  
 REFUSED ..... RF BOX\_60 (CP1098)  
 DON'T KNOW ..... DK BOX\_60 (CP1098)

**Programmer Instructions:** If coded '1' YES, and event-provider pair does not represent a repeat visit group, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

**Display Instructions:**

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

---

**BOX\_60**                      **(CP1098)**                      **Item Type:** Route                      **Type Class:** If Then

---

**Route Details:** If CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE) or '2' (YES, BUT DOCUMENTATION NOT AVAILABLE);  
or  
If CP80 is coded '1' (PAID AT TIME OF VISIT), '2' (MADE A COPAYMENT), '4' (BILL HAS NOT ARRIVED), 'DK' (DON'T KNOW), or 'RF' (REFUSED);  
or  
If CP100 is coded '3' (TRICARE), '91' (OTHER), 'DK' (DON'T KNOW), or 'RF' (REFUSED);  
Go to CP120.  
  
Otherwise, continue with BOX\_70.

---

**BOX\_70**                      **(CP1100)**                      **Item Type:** Route                      **Type Class:** If Then

---

**Route Details:** If:  
- Event type is OMOR HH  
or  
- event type is HS,  
go to CP200.  
  
Otherwise, go to CP170.



**Programmer  
Instructions:**

If:  
Coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)  
And  
(event type is OM or HH or HS,  
go to CP200.

If:  
coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)  
And  
event type is ER, OP, MV, or DN, go to CP170.

If coded 95 'INCLUDED WITH OTHER CHARGES' (E.G. FLAT FEE)' and the event-provider pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

**Display  
Instructions:**

Display 'this hospital stay' if event type is HS.

Display 'this visit' if event type is ER, OP, MV, or DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' if event type is HH.

Display the interviewer instruction "ENTER 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION" if event-provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

For '{OME ITEM GROUP NAME}' display the name of the other medical expenses item group being asked about for this event as follows:

Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10= '1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Display response option 95 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

**Testing/Editing  
Notes:**

Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

**BOX 80**                      **(CP1106)**                      **Item Type:** Route                      **Type Class:** If Then

---

**Route Details:**                      If the current event type is OM= '3' (DISPOSABLE SUPPLIES) then go to CP130.  
Else go to CP140.

**CP130**                      **(CP1107)**                      **BLAISE NAME:** EvpvTotChrgRng  
**Item Type:** Question                      **Field kind:** Datafield                      **ArrayMin:**                      **Min value:**  
**Type Class:** Enumerated                      **Field Size:**  
**Answer Type:** TCTOTCHRG                      **Answers allowed:** 1                      **ArrayMax:**                      **Max value:**

---

Help Available (TotChrgHelp)                       Show Card (CP-2)                       Look Up File ( )

**Context Header:**                      {PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {REF-DT}

**Question Text:**

CP-2

Please look at card CP-2, and tell me how much the total charge was for all of the disposable supplies purchased {since {START DATE}/between {START DATE} and {END DATE}}? Include any amounts that may be paid by health insurance or other sources. Was it \$0, \$1 to \$10, \$11 to \$30, \$31 to \$100, \$101 or more?

HELP: F1

<b>Responses:</b>	\$0 .....	1	BOX_130	(CP1485)
	\$1 TO \$10 .....	2	CP180	(CP1126)
	\$11 TO \$30 .....	3	CP180	(CP1126)
	\$31 TO \$100 .....	4	CP180	(CP1126)
	\$101 OR MORE .....	5	CP180	(CP1126)
	REFUSED .....	RF	CP190	(CP1127)
	DON'T KNOW .....	DK	CP190	(CP1127)

**Display Instructions:**                      Display 'Since {START DATE}' if not round 5. Display 'Between {START DATE} and {END DATE}', if round 5.

**Testing/Editing Notes:**                      Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

<b>CP140</b>	<b>(CP1110)</b>	<b>BLAISE NAME:</b> EvpvChrgTp		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	Enumerated	<b>Field Size:</b>		
<b>Answer Type:</b>	TTCHRG	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

Help Available (EvpvChrgHelp)                       Show Card ( )                       Look Up File ( )

**Context Header:**     {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

How much was the total charge, including any amounts that may be paid by health insurance or other sources?

{Do not include any services billed for separately such as physician charges or other services.} {Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the {hospital} bill {or statement}.}

IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES. DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES.

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

HELP: F1

**Responses:**            AMOUNT            ..... 1    CP150            (CP1115)  
                                 {INCLUDED WITH OTHER CHARGES        ..... 95  
                                 (E.G. FLAT FEE)}



**Programmer Instructions:** If coded '95' 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' and the event-provider-pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

**Display Instructions:** Display 'Do not include any services billed for separately such as physician charges or other services if event type is HS, ER, or OP. Otherwise, use a null display.

Display 'Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the {hospital} bill {or statement}.' if CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). Otherwise, use a null display.

Display 'hospital' if event type is HS, ER, or OP. Otherwise, use a null display. Display 'or statement' if event type is MV, DN, OM, or HH. Otherwise, use a null display.

Display interviewer instruction "SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION" if event-provider pair does not represent a repeat visit stem or this is not a OM event. Otherwise, use a null display.

Display response option 95 'INCLUDED W/OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main



<b>Programmer Instructions:</b>	<p>If the amount is \$0, go to BOX_130.</p> <p>If: event type is ER, OP, MV, or DN and total charge is a non-zero whole number &lt; or = \$50.00 or CP150 is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW), go to CP170.</p> <p>If the amount is not \$0, DK, or RF and the event type is HH, continue with CP160.</p> <p>Otherwise, go to CP200.</p> <p>Soft check: If amount entered is &gt; or = \$100,000, display the following message: display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."</p> <p>Hard check: Amount cannot be &lt; 0.</p>
<b>Display Instructions:</b>	<p>Display the question text "How much...other sources?" and "IF WORKING...DENIED CHARGES" in brackets and grayed-out text.</p> <p>Display 'Do not include any services billed for separately such as physician charges or other services.' in brackets and grayed-out text, if event type is HS, ER, or OP. Otherwise, use a null display.</p> <p>Display 'Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the {hospital} bill {or statement}.' In brackets and grayed-out text, if CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). Otherwise, use a null display.</p> <p>Display 'hospital' if event type is HS, ER, or OP. Otherwise, use a null display. Display 'or statement' if event type is MV, DN, OM, or HH. Otherwise, use a null display.</p>
<b>Testing/Editing Notes:</b>	<p>Variable collected at MEPSSpring2018.CP_Main Variable collected at MEPSSpring2018.OM_Main.OM_LOOP10[1..4].CP_Main Variable stored at MEPSSpring2018_Event.CP_Main Variable stored at MEPSSpring2018_PersSect.OM_Main.OM_LOOP10[1..4].CP_Main</p>





Full Detail Spec

**CP180**

**(CP1126)**

**BLAISE NAME:** EvpvFamPaid

**Item Type:** Question **Field kind:** Datafield **ArrayMin:** **Min value:**

**Type Class:** Enumerated **Field Size:**

**Answer Type:** THWTOTCHRGFAM **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (AmtUPayHelp)

Show Card ( )

Look Up File ( )

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {OME ITEM GROUP NAME}  
{REF-DT}

**Question Text:**

How much of the total charge for the disposable supplies did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements? Was it all or almost all of the total charge, none of the total charge, or some of the total charge?

HELP: F1

<b>Responses:</b>	ALL OR ALMOST ALL OF THE TOTAL CHARGE	----- 1	BOX_90	(CP1145)
	NONE OF THE TOTAL CHARGE	----- 2	BOX_90	(CP1145)
	OR SOME OF THE TOTAL CHARGE	----- 3	CP190	(CP1127)
	REFUSED	----- RF	CP190	(CP1127)
	DON'T KNOW	----- DK	CP190	(CP1127)

**Display Instructions:**

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP190**

**(CP1127)**

**BLAISE NAME:** EvpvAmtUPayRng

**Item Type:** Question      **Field kind:** Datafield      **ArrayMin:**      **Min value:**  
**Type Class:** Enumerated      **Field Size:**  
**Answer Type:** TTOTCHRGOUTPKT **Answers allowed:** 1      **ArrayMax:**      **Max value:**

Help Available (AmtUPayHelp)       Show Card ( )       Look Up File ( )

**Question Text:**

 CP-2

Please look at card CP-2, and tell me how much of the total charges for the disposable supplies did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements? Was it \$0, \$1 to \$10, \$11 to \$30, \$31 to \$100, \$101 or more?

HELP: F1

**Responses:**

\$0 .....	1	BOX_90	(CP1145)
\$1 TO \$10 .....	2	BOX_90	(CP1145)
\$11 TO \$30 .....	3	BOX_90	(CP1145)
\$31 TO \$100 .....	4	BOX_90	(CP1145)
\$101 OR MORE .....	5	BOX_90	(CP1145)
REFUSED .....	RF	BOX_90	(CP1145)
DON'T KNOW .....	DK	BOX_90	(CP1145)

**Display Instructions:**

**Testing/Editing Notes:** Variable collected at MEPSSpring2018.CP\_Main  
 Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
 Variable stored at MEPSSpring2018\_Event.CP\_Main  
 Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP200**                      **(CP1130)**                      **BLAISE NAME:** EvpvAmtUPay  
**Item Type:**                      Question                      **Field kind:** Datafield    **ArrayMin:**                      **Min value:** 0  
**Type Class:**                      Integer                      **Field Size:** 6  
**Answer Type:**                      {Continuous Answer.} **Answers allowed:** 1    **ArrayMax:**                      **Max value:** 999999

---

Help Available (AmtUPayHelp)                       Show Card ( )                       Look Up File ( )

**Context Header:**                      {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

How much of the {{AMT TOT CH}/total charge} did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements?

IF AMOUNT PAID IS NOTHING, ENTER 0.

ENTER AMOUNT.

HELP:F1

**Responses:**                      ..... BOX\_90                      (CP1145)  
REFUSED                      ..... RF BOX\_90                      (CP1145)  
DON'T KNOW                      ..... DK BOX\_90                      (CP1145)

**Programmer Instructions:**                      Soft check: If amount entered is > or = \$10,000, display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

**Display Instructions:**                      Display '{AMT TOT CH}' if an amount is given for the total charge at CP150. Display 'total charge' if CP120 is coded '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), if CP120 =1 but CP150 = RF or DK\_or is not asked.

For {AMT TOT CH} display the dollar amount entered at CP150.

**Testing/Editing Notes:**                      Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main



**BOX 90**      **(CP1145)**      **Item Type:** Route      **Type Class:** If Then

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**Route Details:**      If:  
                                  CP200 is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW)  
                                  and  
                                  CP120 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)  
                                  and  
                                  CP170 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), go to BOX\_130.  
  
                                  Otherwise, continue with CP210.

**CP210**      **(CP1160)**      **BLAISE NAME:** EvpvAnySrcPay  
**Item Type:**      Question      **Field kind:** Datafield      **ArrayMin:**      **Min value:**  
**Type Class:**      Enumerated      **Field Size:**  
**Answer Type:**      TYESNO      **Answers allowed:** 1      **ArrayMax:**      **Max value:**

---

Help Available (AnySrcPayHelp)       Show Card (   )       Look Up File (   )

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

**Question Text:**

Has any private insurance company, HMO, Medicare, Medicaid, or any other source made any payments {to {PROVIDER}} for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

HELP: F1

**Responses:**      YES      ..... 1      CP220      (CP1165)  
                          NO      ..... 2      BOX\_100      (CP1295)  
                          REFUSED      ..... RF      BOX\_100      (CP1295)  
                          DON'T KNOW      ..... DK      BOX\_100      (CP1295)

**Display  
Instructions:**

Display "to {PROVIDER}" if event type is not OM. Otherwise, use a null display.

Display 'this hospital stay' if event type is HS. Display 'this visit' if event type is ER, OP, MV, or DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' if event type is HH.

{OME ITEM GROUP NAME}: display the name of the other medical expenses item group being asked about for this event.

Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES' (EE40='1' YES, EE50='1' YES, or OM10='1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).

**Testing/Editing  
Notes:**

Variable collected at MEPSSpring2018.CP\_Main

Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Variable stored at MEPSSpring2018\_Event.CP\_Main

Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP220**

**(CP1165)**

**BLAISE NAME:** EvpvSOPRoster

**Item Type:** Question      **Field kind:** Datafield      **ArrayMin:**      **Min value:**

**Type Class:** Enumerated      **Field Size:**

**Answer Type:** TSOURCEPAY      **Answers allowed:** 1      **ArrayMax:**      **Max value:**

---

Help Available ( )                       Show Card ( )                       Look Up File ( )

**Context Header:**      {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

Who else paid?

PROBE: Anyone else?

TO ADD A NEW SOURCE OF PAYMENT, PRESS CTRL-A.

ENTER ALL THAT APPLY.

CTRL-A: ADD  
CTRL-E: EDIT  
CTRL-D: DELETE

**Responses:**      {Name of Source of Payment} 1      ..... 1      CP230      (CP1170)

                         {Name of Source of Payment} 2      ..... 2      CP230      (CP1170)

                         {Name of Source of Payment} 3      ..... 3      CP230      (CP1170)

                         {Name of Source of Payment} 4      ..... 4      CP230      (CP1170)

                         {Name of Source of Payment} N      ..... 5      CP230      (CP1170)

**Programmer Instructions:**

Roster behavior:

1. Multiple select allowed.
2. Multiple add allowed.
3. Pressing CTRL-A displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See BOX\_20 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP220, the added source will appear on the roster as selected.
4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the charge payment section for this person-provider pair has not been completed.
5. Write sources selected to the Event's-Sources-of- Payment-roster.

If at least one source is added or selected during the current round, the flag SOPFlag should be set to YES.

**Display Instructions:**

Roster 3- add/edit/delete allowed.

Roster definition:  
Display the RU-Sources-Of-Payment-roster for selection.  
Display payment source name (SRCS.SRCNAME)

Roster filter:  
Display all sources of payment except PERSON/FAMILY

**Testing/Editing Notes:**

Variable collected at MEPSSpring2018.CP\_Main  
Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
Variable stored at MEPSSpring2018\_Event.CP\_Main  
Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main

Full Detail Spec

**CP230**                      **(CP1170)**                      **BLAISE NAME:** PayMAmtPaid  
**Item Type:**                      Question                      **Field kind:** Datafield                      **ArrayMin:**                      **Min value:** 0  
**Type Class:**                      Integer                      **Field Size:** 6  
**Answer Type:**                      {Continuous Answer.}                      **Answers allowed:** 1                      **ArrayMax:**                      **Max value:** 999999

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Help Available ( )                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

How much did {SOURCE} pay?

ENTER AMOUNT.

TOTAL CHARGE: \${TOTAL CHARGE}

**Responses:**

.....  
REFUSED ..... RF  
DON'T KNOW ..... DK

**Programmer  
Instructions:**

Preloaded Grid Type 2

Soft check: If amount entered is > \$10,000, display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Flag all sources and associated amounts as 'payment'.

1. Interviewer enters a dollar amount for each source displayed. Amounts can be changed as many times as necessary before the interviewer leaves the screen.

2. The PERSON/FAMILY amount paid cell is protected and prefilled with the family out-of-pocket payment amount entered at CP200; no changes are allowed to this amount.

Soft Check:

If any source coded '\$0', display the following message: "IF {SOURCE} DID NOT PAY ANY PART OF THE TOTAL CHARGE, CORRECT THE SOURCES THAT MADE DIRECT PAYMENTS TO THIS PROVIDER AT CP210 (AnySrcPay) OR CP220 (SOPRoster). IF {SOURCE} IS THE ONLY SOURCE OF DIRECT PAYMENT, GO TO CP210 (AnySrcPay) AND CODE '2' (NO). IF THERE ARE OTHER SOURCES OF PAYMENT, GO TO CP220 (SOPRoster) AND DELETE {SOURCE} FROM THE LIST OF SOURCES OF DIRECT PAYMENT. IF RESPONDENT DOES NOT KNOW HOW MUCH {SOURCE} PAID, CODE "DK" AT CP230 (AmtPaid)."

**Display  
Instructions:**

Roster 1- Report

Roster definition:

Display the Event's-Sources-of-Payment-roster for entry of payment amount in the form pane. Display payment source name.

Roster Filter:

Display all sources selected at CP220 for this event-provider pair and the 'PERSON/FAMILY' record.

For TOTAL CHARGE, display amount entered at CP130, if event is OM event type '3' (DISPOSABLE SUPPLIES). Otherwise display amount entered at CP150.

**Testing/Editing  
Notes:**

Variable collected at MEPSSpring2018.CP\_Main.CP230Grid.CP230Grid[1..25]

Variable collected at

MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main.CP230Grid.CP230Grid[1..25]

Variable stored at MEPSSpring2018\_Event.CP\_Main.CP230Grid.CP230Grid[1..25]

Variable stored at MEPSSpring2018

\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main.CP230Grid.CP230Grid[1..25]

**BOX 100**      **(CP1295)**      **Item Type:** Route      **Type Class:** If Then

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**Route Details:**      If the event type is OM event type '3' (DISPOSABLE SUPPLIES), go to BOX\_130  
Otherwise, continue with BOX\_110.

**BOX 110**      **(CP1300)**      **Item Type:** Route      **Type Class:** If Then

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**Route Details:**      If CP150 (TOTAL CHARGE) or 'AMOUNT PAID' by any source of payment (all payments sources, including PERSON/FAMILY entered or displayed at CP230) is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW), go to BOX\_130.  
Otherwise, continue with BOX\_120.

**BOX 120**      **(CP1305)**      **Item Type:** Route      **Type Class:** If Then

---

**Route Details:**      Determine if there is an underpayment. Subtract the total payment (PERSON/FAMILY entered at CP200 plus all payments sources entered at CP230) from the total charge entered at CP150. If the value of the remainder is > 3% OR \$5 (whichever is higher) of the total charge, continue with CP240.  
Otherwise, go to BOX\_130.  
NOTE: Negative values (overpayments) are not eligible for CP240.

Full Detail Spec

<b>CP240</b>	<b>(CP1310)</b>	<b>BLAISE NAME:</b> EvpvElsePay		
<b>Item Type:</b>	Question	<b>Field kind:</b> Datafield	<b>ArrayMin:</b>	<b>Min value:</b>
<b>Type Class:</b>	Enumerated	<b>Field Size:</b>		
<b>Answer Type:</b>	TYESNO	<b>Answers allowed:</b> 1	<b>ArrayMax:</b>	<b>Max value:</b>

Help Available ( )                       Show Card ( )                       Look Up File ( )

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

**Question Text:**

Does anyone in the family or any other source expect to make additional payments for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

**Responses:**

YES	.....	1	BOX_130	(CP1485)
NO	.....	2	BOX_130	(CP1485)
REFUSED	.....	RF	BOX_130	(CP1485)
DON'T KNOW	.....	DK	BOX_130	(CP1485)

**Display Instructions:**

- Display 'this hospital stay' if event type is HS.
- Display 'this visit' if event type is ER, OP, MV, OR DN.
- Display 'the {OME ITEM GROUP NAME}' if event type is OM.
- {OME ITEM GROUP NAME}: Display the name of the other medical expenses item group being asked about for this event.
- Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10= '1' YES) .
- Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .
- Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).
- Display 'the services received at home' if event type is HH.

**Testing/Editing Notes:**

Variable collected at MEPSSpring2018.CP\_Main  
 Variable collected at MEPSSpring2018.OM\_Main.OM\_LOOP10[1..4].CP\_Main  
 Variable stored at MEPSSpring2018\_Event.CP\_Main  
 Variable stored at MEPSSpring2018\_PersSect.OM\_Main.OM\_LOOP10[1..4].CP\_Main



BOX 130

(CP1485)

Item Type: Route

Type Class: If Then

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**Route Details:**

If:  
event type is HS, OM, or HH, or  
event type is ER, OP, MV, or DN and PERSON-PROVIDER pair already flagged as  
'COPAYMENT SITUATION', go to BOX\_150.

Otherwise, continue with BOX\_140.

**BOX 140**      **(CP1490)**      **Item Type:** Route      **Type Class:** If Then

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**Route Details:**

If  
CP120 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)  
and  
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)  
and  
CP200 is a whole dollar amount greater than or equal to ( $\geq$ ) \$0 and less than or equal ( $\leq$ )  
to \$50  
Flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with BOX\_  
150.

If  
The amount entered in CP150 is equal to the amount entered in CP200  
and  
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)  
and  
CP200 is a whole dollar amount greater than or equal to ( $\geq$ ) \$0 and less than or equal ( $\leq$ )  
to \$50,  
Flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with BOX\_  
150.

If  
CP80 is coded '5' (NO BILL SENT: HMO PLAN), '6' (NO BILL SENT: VA  
(VETERANS ADMINISTRATION)/CHAMPVA), '8' (NO BILL SENT: PUBLIC  
ASSISTANCE/MEDICAID/SCHIP) or '9' (NO BILL SENT: INDIAN HEALTH  
SERVICE (HIS))  
and  
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)  
and  
CP200 is a whole dollar amount greater than or equal to ( $\geq$ ) \$0 and less than or equal ( $\leq$ )  
to \$50, flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with  
BOX\_150.

If one of the three situations above is met, set amount entered at CP200 as this person-  
provider pair's copayment amount for the current round.

Otherwise, do not set any flags and then continue with BOX\_150.

**BOX 150**

**(CP1495)**

**Item Type:** Route

**Type Class:** If Then

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**Route Details:**

If event type is HS and HS50 is coded '4' (GIVE BIRTH TO A BABY) or '5' (TO BE BORN), go to the EF section.

If event type is MV and MV100 is coded '2' (SOMEWHERE ELSE) go to the EF section. Otherwise (event type = OP, ER, DN, HH, HS where HS50 ≠ 4, 5, MV where MV100 ≠ 2) flag CP status of event-provider pair as 'PROCESSED'.

If event is a 'STEM' event from the OP, MV, or HH utilization sections, flag CP status of all 'LEAF' events (events selected at either OP120, MV140 or HH130) as 'PROCESSED' and not editable or accessible during interview.

NOTE: All utilization and charge/payment data will be copied during MHOP to those "LEAF" events, including condition data.

[End of CP]