| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List               | Routing                |
|---------------|----------------|---------------|--|-------------------------|------------------------|
|               |                |               | COST PAYMENT SUMMARY SPECIFICATIONS         CRITERIA<br>INTTYPE=C001, C004, C005         SPALIVE=ALL         SEASON=ALL         SPPROXY=SP or PROXY         Other: Prior round events flagged for CPS         PLACEMENT<br>Administer after NSQ.   |                         |                        |
|               | BOX CPSBEG     | routing       | CPS REASON HAS ALREADY BEEN ASSIGNED TO ALL CHARGE BUNDLES ENTERED IN THE PAST 2<br>ROUNDS THAT HAVE MISSING CHARGE DATA.<br>CPS REASON 1 = NO STATEMENT CHARGE BUNDLE, SP EXPECTED TO RECEIVE A STATEMENT<br>CPS REASON 2 = NO STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE.<br>CPS REASON 3 = STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE.<br>CPS REASON 4 = NO STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN TOTAL CHARGE<br>NO EVENTS FLAGGED AS REASON 4 IN ROUND 71.<br>CPS REASON 5 = STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN AMOUNT REMAINING.<br>NO EVENTS FLAGGED AS REASON 5 IN ROUND 71.<br>CPS REASON 9 = R70 CHARGE BUNDLE, NO STATEMENT ENTERED, FOLLOW CPS REASON 1 PATH<br>IN CPS, WE WILL REVIEW THIS LIST OF CHARGE BUNDLES AND WILL EXCLUDE ANY CHARGE BUNDLE<br>WITH AN EVENT THAT HAS BEEN DELETED, HAS BEEN LINKED TO A STATEMENT CHARGE BUNDLE<br>WITH AN EVENT THAT HAS BEEN DELETED, HAS BEEN LINKED TO A STATEMENT SCHOND 73 REASONS 4.8<br>THE CURRENT ROUND, OR WAS ASKED ABOUT IN THE CURRENT ROUND NO STATEMENT SECTION<br>AND THE SP IS NOT EXPECTING TO RECEIVE A STATEMENT FOR THIS EVENT.<br>THE REMAINING LIST OF CHARGE BUNDLES WILL BE ELIGIBLE FOR CPS. WE WILL SORT THIS LIST IN<br>THE FOLLOWING WAY: REASON 9, 1, 2ETC. ENDING WITH REASON 8.1 IN ROUND 73 REASONS 4.8<br>WERE SKIPPED. WE ONLY COLLECTED DATA FOR EVENTS WITH REASONS 9, 1, 2, AND 3. WE WILL<br>THEN COLLECT CPS DETAILS FOR THE FIRST CHARGE BUNDLE IN THIS LIST.<br>AFTER COMPLETING THE CPS DETAILS FOR THE FIRST CHARGE BUNDLE IN THIS LIST.<br>AFTER COMPLETING THE CPS DETAILS FOR THE IST OF ALGE BUNDLE IS ELIGIBLE FOR CPS. GO TO CPS MAY BE<br>UPDATED WHILL ADMINISTERING CPS. THE LIST OF ELIGIBLE CHARGE BUNDLE SELIGIBLE FOR CPS MAY BE<br>UPDATED WHILL ADMINISTERING CPS. THE LIST OF ELIGIBLE CHARGE BUNDLE SELIGIBLE FOR CPS MAY BE<br>UPDATED WHILL ADMINISTERING CPS. THE LIST OF ELIGIBLE CHARGE BUNDLES WILL BE RECREATED<br>AT THE BEGINNING OF EACH LOOP IN CPS<br>IF AT LEAST ONE CHARGE BUNDLE HAS BEEN IDENTIFIED AS ELIGIBLE FOR CPS, GO TO CPS1-CPSINT<br>ELSE GO TO BOX CPSEND. |                         |                        |
| CPSINT        | CPS1           | no entry      | [Next, I will ask about some medical care that we talked about in a previous interview.]<br>THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES [REMAINING] FOR SUMMARY.<br>[First/Next], I want to ask about [READ EVENT(S) ABOVE].  | [996] LEAVE COST SERIES | BOX CPS1A<br>[996] END |
|               | BOX CPS1A      | routing       | IF CPS REASON = 1 OR 8 OR 9, GO TO CPS2 - RECDSTAT.<br>ELSE GO TO BOX CPS1B.   |                         |                        |
|               | BOX CPS1B      | routing       | CREATE SOURCE OF PAYMENT ROSTER<br>IF CPS REASON = 2, 6 OR 7, GO TO BOX CPS2.<br>ELSE IF CPS REASON = 3, GO TO CPS11 - CPTCHGPAID2.<br>ELSE IF CPS REASON = 4, GO TO CPS13 - CPTCHGPAID3.<br>ELSE IF CPS REASON = 5, GO TO CPS15 - CPTCHGPAID4.  |                         |                        |

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|---------------|----------------|---------------|---|---|---|
| RECDSTAT      | CPS2           | code one      | <ul> <li>[IF CPS REASON=9 THEN DISPLAY IN BOLD: "EVENT REPORTED IN ROUND 70"]</li> <li>[At the last interview, [you were/(SP) was] expecting to receive a statement or paper from [Medicare, Insurance, and TRICARE/Medicare and TRICARE/Medicare and Insurance/Medicare).]</li> <li>[At the last interview, [you/(SP)] reported [READ EVENT(S) ABOVE].</li> <li>[Have you/Has (SP)] received a statement for the [READ EVENT(S) ABOVE] (since then/since the last interview)?</li> <li>[PROBE IF NECESSARY: Please include any statements received about (your/(SP's)] Medicare prescription drug benefit.]</li> </ul> |   | (01) ST4 - MATCHST<br>(02) BOX NS4A<br>(03) BOX NS4A<br>(-8) BOX NS4A<br>(-9) BOX CPS32 |
|               | BOX CPS2       | routing       | IF TOTAL CHARGE = DK OR RF AND ((ASKING ABOUT A NO STATEMENT CHARGE BUNDLE) OR (ASKING<br>ABOUT A STATEMENT CHARGE BUNDLE AND TYPE OF STATEMENT IS NOT A MEDICARE<br>PRESCRIPTION DRUG BENEFIT STATEMENT)), GO TO CPS3 - KNOWTOTL.<br>ELSE IF CPS REASON = 2, GO TO CPS9 - CPTCHGPAID1.   |   |   |
| KNOWTOTL      | CPS3           | yes/no        | Do you happen to know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE]?  | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused    | BOX CPS3  |
|               | BOX CPS3       | routing       | IF CPS3 - KNOWTOTL = 1/Yes AND (TOTAL CHARGE WAS COLLECTED FOR CHARGE BUNDLE), GO TO<br>CPS4 - TOTALCHG.<br>ELSE IF CPS3 - KNOWTOTL = 1/Yes AND (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE), GO TO<br>CPS5 - TOTALCHG.<br>ELSE IF (CPS3 - KNOWTOTL = 2/No OR RF) AND (CPS REASON = 2), GO TO CPS9 - CPTCHGPAID1.  |   |   |
| TOTALCHG      | CPS4           | numeric       | Including any amounts that may be paid by Medicare or anyone else, what was the total charge (that is, the amount billed)?<br>ENTER 0 IF NO CHARGE FOR THE EVENT.<br>[PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE. IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.]  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS5A   |
| TOTALCHG      | CPS5           | numeric       | What was the copayment amount for the [READ EVENT(S) ABOVE]?<br>[EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, each time<br>health services are provided. For example, the person may pay \$20 for each office visit and \$10 for each drug<br>prescription.]<br>ENTER 0 IF NO COPAYMENT FOR THE EVENT.  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS5A   |
|               | BOX CPS5A      | routing       | IF (CPS REASON = 2) AND (TOTAL CHARGE = 0) AND (SP IS CURRENTLY COVERED BY MEDICAID), GO<br>TO BOX CPS32.<br>ELSE GO TO BOX CPS5B.  |   |   |
|               | BOX CPS5B      | routing       | FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF EVENT TYPE = 'OM' AND EVENT IS<br>A RENTAL ITEM, GO TO CPS6 - MONTHCOV.<br>ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT TYPE = 'PM') OR<br>(EVENT TYPE = 'OM' AND (OTHER MEDICAL EXPENSE IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES<br>OR BANDAGES)), GO TO CPS7 - NUMLINKS.<br>ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT WAS ENTERED AS A<br>REPEAT VISIT), GO TO CPS8 - RVLINKS.<br>ELSE GO TO BOX CPS8A.  |   |   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List   | Routing  |
|---------------|----------------|---------------|--|---|--|
| MONTHCOV      | CPS6           | numeric       | For the [READ OME ITEM ABOVE], how many months are covered by the charge for the period of time between (CHARGE BUNDLE REFERENCE PERIOD)?<br>[IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)]  | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused   | CPS6 - MONCOV96  |
| NUMLINKS      | CPS7           | numeric       | How many of the times [you/(SP)] obtained (MEDICINE NAME/OME ITEM TYPE) for the period between (CHARGE BUNDLE REFERENCE PERIOD) [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused   | BOX CPS8A  |
| RVLINKS       | CPS8           | numeric       | How many of the [READ EVENT ABOVE] [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]?   |   | BOX CPS8B  |
|               | BOX CPS8A      | routing       | IF ANOTHER EVENT IS INCLUDED IN THE CHARGE BUNDLE, GO TO BOX CPS5B.<br>ELSE GO TO BOX CPS8B.   |   |  |
|               | BOX CPS8B      | routing       | IF CPS REASON = 2 AND TOTAL CHARGE ^= 0, GO TO CPS9 - CPTCHGPAID1.<br>ELSE IF CPS REASON = 2 AND TOTAL CHARGE = 0, GO TO BOX CPS10.  |   |  |
| CPTCHGPAID1   | CPS9           | code one      | [Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE)), and that no payment had been made.] [Have you/Has (SP)] or any other source[, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of [the total charge/the copayment amount/this (TOTAL CHARGE)]?                          | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) (TOTAL CHARGE/COPAYMENT AMOUNT) IS<br>WRONG<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS10<br>(02) BOX CPS10<br>(03) CPS10 - TCHGWRONG<br>(-8) BOX CPS10<br>(-9) BOX CPS10 |
| TCHGWRONG     | CPS10          | no entry      | YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES"<br>OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE.  |   | CPS9 - CPTCHGPAID1   |
|               | BOX CPS10      | routing       | IF (CPS9 - CPTCHGPAID1 = 1/SomeonePaid) OR (TOTAL CHARGE = 0), GO TO NS65 - NSADDSOP1.<br>ELSE IF (CPS9 - CPTCHGPAID1 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT.<br>ELSE GO TO BOX CPS32.   |   |  |
| CPTCHGPAID2   | CPS11          | code one      | Last time, we recorded that [Medicare had paid [nothing and/(MEDICARE PAYMENT AMOUNT) and after<br>Medicare paid,]] there was an amount remaining of (CPS AMOUNT REMAINING) for the [READ EVENT(S)<br>ABOVE.]<br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance<br>plan),] now paid any of this (AMOUNT REMAINING)? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) AMOUNT REMAINING SEEMS WRONG<br>(-8) Don't Know<br>(-9) Refused                | (01) BOX CPS12<br>(02) BOX CPS12<br>(03) CPS12 - TCHGWRONG<br>(-8) BOX CPS12<br>(-9) BOX CPS12 |
| TCHGWRONG     | CPS12          | no entry      | YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER<br>"YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID.  |   | CPS11 - CPTCHGPAID2  |
|               | BOX CPS12      | routing       | IF (CPS11 - CPTCHGPAID2 = 1/SomeonePaid), GO TO ST65 - STADDSOP1.<br>ELSE IF (CPS11 - CPTCHGPAID2 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS11 - CPTCHGPAID2 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32.  |   |  |

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|---------------|----------------|---------------|--|--|--|
| CPTCHGPAID3   | CPS13          | code one      | Let me review what we recorded last time.<br>[REVIEW WITH RESPONDENT.] The total of all payments is \$(TOTAL PAYMENTS). The amount unpaid is<br>\$(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).<br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance<br>plan),] paid any additional amount?  | <ul> <li>(01) SP OR ANY SOURCE PAID</li> <li>(02) NOTHING HAS BEEN PAID</li> <li>(03) TOTAL CHARGE SEEMS WRONG</li> <li>(04) PAYMENT AMOUNTS WRONG</li> <li>(-8) Don't Know</li> <li>(-9) Refused</li> </ul>     | (01) BOX CPS14<br>(02) BOX CPS14<br>(03) CPS14 - TCHGWRONG<br>(04) BOX CPS14<br>(-8) BOX CPS14<br>(-9) BOX CPS14 |
| TCHGWRONG     | CPS14          | no entry      | YOU CANNOT CORRECT THE AMOUNT HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO"<br>AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.  |  | CPS13 - CPTCHGPAID3  |
|               | BOX CPS14      | routing       | IF CPS13 - CPTCHGPAID3 = 1/Yes, GO TO NS65 - NSADDSOP1.<br>ELSE IF CPS13 - CPTCHGPAID3 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS13 - CPTCHGPAID3 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32.  |  |  |
| CPTCHGPAID4   | CPS15          | code one      | Let me review what we recorded last time.<br>[REVIEW ABOVE WITH RESPONDENT.] There seems to be some amount still unpaid. The total of non-<br>Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN PAYMENTS<br>AND CPS AMOUNT REMAINING).<br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance<br>plan),] paid any additional amount? | <ul> <li>(01) SP OR ANY SOURCE PAID</li> <li>(02) NOTHING HAS BEEN PAID</li> <li>(03) AMOUNT REMAINING SEEMS WRONG</li> <li>(04) PAYMENT AMOUNTS WRONG</li> <li>(-8) Don't Know</li> <li>(-9) Refused</li> </ul> | (01) BOX CPS16<br>(02) BOX CPS16<br>(03) CPS16 - TCHGWRONG<br>(04) BOX CPS16<br>(-8) BOX CPS16<br>(-9) BOX CPS16 |
| TCHGWRONG     | CPS16          | no entry      | YOU CANNOT CORRECT THE AMOUNT HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO"<br>AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.  |  | CPS15 - CPTCHGPAID4  |
|               | BOX CPS16      | routing       | IF CPS15 - CPTCHGPAID4 = 1/Yes, GO TO ST65 - STADDSOP1.<br>ELSE IF CPS15 - CPTCHGPAID4 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS15 - CPTCHGPAID4 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32.  |  |  |
| EXPAYOUT      | CPS17          | yes/no        | Do you expect that [you/(SP)] or any other source will pay any [of this amount/additional amount for [READ EVENT(S) ABOVE]]?   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX CPS17<br>(02) BOX CPS32<br>(-8) BOX CPS32<br>(-9) BOX CPS32   |
|               | BOX CPS17      | routing       | IF (CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND), GO TO CPS18 -<br>EXPAYUNT.<br>ELSE GO TO BOX CPS32.  |  |  |
| EXPAYUNT      | CPS18          | code one      | How much do you expect will be paid?   | (91) PERCENTAGE<br>(02) DOLLARS<br>(-8) Don't Know<br>(-9) Refused   | (01) CPS18 - EXPAYAMT<br>(02) CPS18 - EXPAYPCT<br>(-8) BOX CPS32<br>(-9) BOX CPS32                               |
| EXPAYPCT      | CPS18          | numeric       | How much do you expect will be paid?   | (01) continuous answer   | BOX CPS32  |
| EXPAYAMT      | CPS18          | numeric       | How much do you expect will be paid?   | (01) continuous answer   | BOX CPS32  |
| RRDETAIL      | CPS23          | yes/no        | DID RESPONDENT MENTION (AN INSURANCE/A) REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE<br>IS NOT SURE OF THE DETAILS?<br>[DO NOT ENTER A COMMENT HERE TO EXPLAIN THE SITUATION.]   | (01) YES<br>(02) NO<br>(-8) Don't Know   | (01) CPS24 - RRADD<br>(02) BOX CPS32<br>(-8) BOX CPS32   |
| RRADD         | CPS24          | yes/no        | DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?<br>[DO NOT SELECT "YES" IF THE RESPONDENT KNOWS A REIMBURSEMENT AMOUNT, BUT DOES NOT<br>KNOW WHO PAID IT.]   | (01) YES<br>(02) NO  | (01) CPS25 - CPADDSOP<br>(02) BOX CPS32  |

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|---------------|----------------|---------------|---|---|---|
| CPADDSOP      | CPS25          | yes/no        | ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW?<br>SELECT "NO" TO ADD A SOURCE OF PAYMENT.   | (01) YES<br>(02) NO   | (01) CPS27 - TSOPREIM<br>(02) CPS26 - SOP_CP                                      |
| SOP_CP        | CPS26          | roster        | ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE.   | (01) continuous answer  | CPS27 - TSOPREIM  |
| TSOPREIM_NAME | CPS27          | grid          | Who (else) paid (besides Medicare)? How much did (SOURCE) pay?  | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | BOX CPS27A  |
| TSOPREIM_AMT  | CPS27          | grid          | How much did (SOURCE) pay?<br>REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT)<br>ENTER ALL REIMBURESMENT AMOUNTS.  | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | BOX CPS27A  |
|               | BOX CPS27A     | routing       | GO TO BOX CPS27B.   |   |   |
|               | BOX CPS27B     | routing       | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT CPS26 IS A HEALTH INSURANCE PLAN AND CPREASON=3, GO TO CPS27BINT - PLANINTRO_CPS.<br>ELSE GO TO BOX CPS29E.  |   |   |
| PLANINTRO_CPS | CPS27BINT      | no entry      | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.  |   | BOX CPS27C  |
|               | BOX CPS27C     | routing       | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT CPS26<br>IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED<br>CARE PLAN THAT IS CURRENT, GO TO CPS28 - CPMHMOCHNG.<br>ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A<br>MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS29 - CPSOPCURR.<br>ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE<br>PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29A - CPMPDPCHNG.<br>ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A<br>MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29B - CPSOPCUR2.<br>ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A<br>MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29B - CPSOPCUR2.<br>ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO H13 - COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO H121 - COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO H121 - COVTIME.<br>ELSE GO TO H172 - COVTIME. |   |   |
| CPMHMOCHNG    | CPS28          | yes/no        | I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current<br>Medicare Managed Care Plan. Has this information changed?   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | (01) CPS29 - CPSOPCURR<br>(02) BOX CPS29A<br>(-8) BOX CPS29A<br>(-9) BOX CPS29A   |
| CPSOPCURR     | CPS29          | yes/no        | [Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE MANAGED CARE PLAN<br>NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | (01) HIMC6A - MHMORXTM<br>(02) BOX CPS29A<br>(-8) BOX CPS29A<br>(-9) BOX CPS29A   |
| CPMPDPCHNG    | CPS29A         | yes/no        | I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current<br>Medicare Prescription Drug Care Plan.<br>Has this information changed?  | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | (01) CPS29B - CPSOPCURR2<br>(02) BOX CPS29A<br>(-8) BOX CPS29A<br>(-9) BOX CPS29A |
| CPSOPCURR2    | CPS29B         | yes/no        | [Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (CPS26 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?  | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | BOX CPS29A  |
|               | BOX CPS29A     | routing       | IF ANOTHER SOP WAS ADDED AT CPS26, GO TO BOX CPS27C.<br>ELSE GO TO BOX CPS29E.  |   |   |

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|---------------|----------------|---------------|---|-----------|---------|
|               | BOX CPS29E     | routing       | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT CPS26, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT CPS26 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX CPS29F. |           |         |
|               | BOX CPS32      | routing       | GO TO BOX CPSBEG.   |           |         |
|               | BOX CPSEND     | routing       | IF ROUND = FALL 2021 ROUND 91, GO TO END.<br>IF SEASON=FALL, GO TO MBQ.<br>IF SEASON= WINTER OR SUMMER, GO TO PVQ.  |           |         |