## **SpecWriter Data**

Form Version: 6/26/2023 11:01:41 AM

Report Type: Full Detail

Project Database: WESSQL300.MEPSSpring2024

Language: English

Spec Label:

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

BOX 00 (FF1000) Item Type: Route Type Class: If Then

**Route Details:** 01 BOX = BOX\_00, BOX\_10, BOX\_20, BOX\_30, BOX\_40. BOX\_50. BOX\_60

04 Single Select = FF40, FF60, FF90, FF100, FF120, FF130, FF160, FF190

06 Single Select with Fill in Answer Text = FF10 11 Multiple Select with Add/Edit/Delete = FF170

18 Dollar Items Not Allowing Cents = FF140, FF150, FF180

19 Numeric Field = FF50, FF70

23 Text Field = FF30, FF110

24 Information Screen = FF80

30 Multiple Select with Fill in Answer Text and Display Roster = FF20

Roster 2 = FF10, FF20

Roster 3 = FF170

Grid 2 = FF180

BOX\_10 (FF1001) Item Type: Route Type Class: If Then

Route Details: Throughout the Flat Fee (FF) section, entry of all dollar amounts will include only whole

dollars. Entry of cents will be disallowed.

Context Header Display Instructions: SEE CONTEXT HEADER SPEC

For '{STR-DT}' display the person's reference period start date.

BOX\_20 (FF1005) Item Type: Route Type Class: If Then

**Route Details:** If no flat fee groups already on PERSONS-FLAT-FEE-GROUPS-ROSTER, go to

FF20.

Otherwise, continue with FF10.

**Full Detail Spec** 

**FF10 BLAISE NAME:** FFeeGrp (FF1015) Min value: **Item Type:** Question Field kind: Datafield ArrayMin: **Type Class:** Enumerated Field Size: **Answer Type: TFlatFee** Answers allowed: 1 ArrayMax: Max value: ☐ Help Available ( )  $\square$  Show Card ( ) ☐ Look Up File ( ) **Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER.} {EV} {EVN-DT}

## **Question Text:**

Let me review the groups of health care events I have recorded for {you/{PERSON}}. Please tell me if any of these groups include the charge that covered {this hospital stay/this visit}/the services received at home}.

REVIEW FLAT FEE GROUPS WITH RESPONDENT.

SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

<b>Responses:</b>	ADD GROUP	 0	FF20	(FF1020)
	{FLAT FEE GROUP} 1	 1	BOX_60	(FF1160)
	{FLAT FEE GROUP} 2	 2	BOX_60	(FF1160)
	{FLAT FEE GROUP} 3	 3	BOX_60	(FF1160)
	{FLAT FEE GROUP} 4	 4	BOX_60	(FF1160)
	{FLAT FEE GROUP} N	 5	BOX_60	(FF1160)

MEPSSpring2024 Full Detail Spec Flat Fee (FF) Section

**Programmer Instructions:** 

Since this roster will include all flat fee groups, current round single events can be added to

any flat fee group created during the current round or a previous round

(FlatFeeGroup[I].FFeeName).

Roster Behavior:

1.Only single select allowed.

Display Instructions:

Roster 2- No Add/Edit/Delete

Roster Definition:

Display the person's-flat-fee-groups-roster (FFEE, FFEENAME) for selection.

Roster Filter:

No filter; display all.

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

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

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

Testing/Editing Notes:

MEPSSpring2024 Flat Fee (FF) Section

Min value:

**Full Detail Spec** 

FF20 (FF1020) BLAISE NAME: FFeeRoster
Item Type: Question Field kind: Datafield ArrayMin:

Type Class: Enumerated Field Size:

Answer Type: {User Defined.} Answers allowed: 1 ArrayMax: Max value:

 $\square$  Help Available ( )  $\square$  Show Card ( )  $\square$  Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER. { EV} {EVN-DT}

#### **Question Text:**

Let me review the list of health care events I have recorded for {you/{PERSON}}. Please tell me which of these were included in the same charge that covered {this hospital stay/this visit/the services received at home}.

#### REVIEW EVENTS WITH RESPONDENT.

SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

ENTER ALL THAT APPLY.

MEDICAL PROVIDER DOCTOR OR EVENT TYPE ADMIT DATE DISCHARGE DATE DEPARTMENT NAME EVENT OUTSIDE REFERENCE PERIOD 0 {MEDICAL PROVIDER} {DOC OR DEPT} EVENT TYPE \ { ADMIT DATE \} {DISCHARGE DATE}1 MEDICAL PROVIDER } DOC OR DEPT EVENT TYPE } {ADMIT DATE} DISCHARGE DATE \ 2 EVENT TYPE } MEDICAL PROVIDER } DOC OR DEPT {ADMIT DATE} DISCHARGE DATE \ 3 EVENT TYPE \ ADMIT DATE \ MEDICAL PROVIDER } DOC OR DEPT DISCHARGE DATE \ 4 EVENT TYPE | ADMIT DATE | {MEDICAL PROVIDER} {DOC OR DEPT} {DISCHARGE DATE}N

#### **Responses:**

MEPSSpring2024 **Full Detail Spec** 

Flat Fee (FF) Section

**Programmer** Instructions: RF/DK not allowed.

**Display Instructions:** 

Display the roster in nonproportional text.

Roster 1 - Report

Roster Definition:

This item displays all medical events on person's-medical-events- roster for selection in the info pane. The 5 columns to be displayed are: MEDICAL PROVIDER, DOCTOR OR DEPARTMENT NAME, EVENT TYPE, ADMIT DATE, DISCHARGE DATE. For MEDICAL PROVIDER, display the name of provider associated with this event (EVNT.LORPNAME), if PV70 has a value, display the

doctor or department associated with this event, display the two- letter event abbreviation (EVNT.EVNTTPYE) for EVENT TYPE, for Admit date display the month, day, and year of medical events

(EVNT.EVNTBEGM,EVNT,EVNTBEGD,EVNT,EVNTBEGY),

and the discharge date for HS events

(EVNT.EVNTENDM,EVNT.EVNTENDD,EVNT.EVNTENDY). For MV, ER, OP, or DN, events display the visit date for {ADMIT DATE} and use a null display for {DISCHARGE DATE}.

For HS events display the hospital stay admit date for {ADMIT DATE} and the hospital stay discharge date for the {DISCHARGE DATE}.

#### Roster Filter:

Display events that meet the following conditions:

- 1. Event is not the event currently looping on.
- 2. Event has CP status of 'PROCESSED' or 'UNPROCESSED' (display event regardless of CP status).
- 3. Event is not already included in a flat fee group or a repeat visit group.
- 4. Event is not already coded (VERIFIED) as a copayment.
- 5. Event type is not IC.
- 6. Event is not an HS event with a discharge date coded '95' (STILL IN HOSPITAL).
- 7. Event is not an HH event with event date = interview month.
- 8. Event is not an HH event type 'INFORMAL' or 'VOLUNTEERED: MEAL DELIVERY SERVICE.'
- 9. Event is not an OM event.

**Testing/Editing** Notes:

MEPSSpring2024 Flat Fee (FF) Section

**Full Detail Spec FF30** (FF1035) **BLAISE NAME:** FFeeName **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** String Field Size: 30 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: ☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( ) **Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} **Question Text:** INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION: **Responses:** \_\_\_\_\_\_1 **Programmer** If Round 1, continue with FF40. **Instructions:** If current round is the final round of the panel (RndType=Final), go to FF60. Otherwise, go toFF80. Write flat fee group to person's-flat-fee-groups-roster. **Display Instructions:** 

Testing/Editing **Notes:** 

(FF1080)

**Full Detail Spec** BLAISE NAME: FFeeVstBefStart **FF40** (FF1045) **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 ( ) ☐ Show Card ( ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} **Context Header:** FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP...} **Question Text:** Did the charge which included the services for {FLAT FEE GROUP} cover any visits before {START DATE}? YES **Responses:** FF50 (FF1050) NO (FF1080) ----- RF REFUSED FF80 (FF1080)

Display Instructions: DON'T KNOW

For {FLAT FEE GROUP}, display the name of the flat fee group selected at FF10 or entered at FF30.

..... DK FF80

Testing/Editing Notes:

MEPSSpring2024 Flat Fee (FF) Section

**Full Detail Spec** 

**FF50** (FF1050) **BLAISE NAME:** FFeeVisBef **Item Type:** Question Field kind: Datafield ArrayMin: Min value: 1 **Type Class:** Integer Field Size: 2 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 99 ☐ Show Card ( ) ☐ Help Available ( ) ☐ Look Up File ( ) **Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP...} **Question Text:** How many visits did {you/{PERSON}} have before {START DATE}? ENTER NUMBER OF VISITS: **Responses:** (FF1080) ..... RF FF80 (FF1080) **REFUSED** ----- DK FF80 DON'T KNOW (FF1080)

**Display Instructions:** 

Testing/Editing Variable collected at MEPS(Fall/Spring)YYYY.FF\_Main **Notes:** 

Variable stored at MEPS(Fall/Spring)YYYY\_Event.FF\_Main

**BLAISE NAME:** FFeeVisAft **FF60** (FF1070) **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 ( ) ☐ Show Card ( ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} **Context Header:** FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP} **Question Text:** Will the charge which includes the services for {FLAT FEE GROUP} cover any visits after December 31, {YEAR}? **Responses:** YES FF70 (FF1075) NO FF80 (FF1080) ----- RF (FF1080) REFUSED FF80 ..... DK FF80 DON'T KNOW (FF1080) **Display** For {FLAT FEE GROUP}, display the name of the flat fee group selected at FF10 or entered at FF30. **Instructions:** (For specifications purposes only; CAPI handles automatically): for 'YEAR' in question text, display the second year of the panel. **Testing/Editing** Variable collected at MEPS(Fall/Spring)YYYY.FF\_Main Variable stored at MEPS(Fall/Spring)YYYY Event.FF Main **Notes:** 

MEPSSpring2024 Flat Fee (FF) Section

**Full Detail Spec** 

BLAISE NAME: FFeeNumVisAft **FF70** (FF1075)

**Item Type:** Question Field kind: Datafield ArrayMin: Min value: 1

Type Class: Integer Field Size: 2

**Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 99

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

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

FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

**Question Text:** 

Approximately, how many visits will {you/ {PERSON}} have after December 31, {YEAR}?

NUMBER OF VISITS:

...... 1 (FF1080) **Responses:** FF80

> ..... RF FF80 (FF1080) **REFUSED** ..... DK FF80 DON'T KNOW (FF1080)

**Programmer Instructions:**  Hard Range: TBD

**Display** (For specifications purposes only; CAPI handles automatically): for 'YEAR' in question text, display

**Instructions:** the second year of the panel.

Testing/Editing

MEPSSpring2024 Flat Fee (FF) Section Full Detail Spec

FF80 (FF1080) BLAISE NAME: FFeeIntro

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

Type Class: Enumerated Field Size:

Answer Type: TContinue Answers allowed: 1 ArrayMax: Max value:

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

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP:

{NAME OF FLAT FEE EVENT GROUP}

## **Question Text:**

Now I'd like to ask you about the charges for the services for {FLAT FEE GROUP} for {you/{PERSON}}.

PRESS 1 AND ENTER TO CONTINUE.

HELP:F1

Display

For '{FLAT FEE GROUP}' display the name of the flat fee group selected at FF10 or entered

**Instructions:** at FF30.

run Detan Spec					
<u>FF90</u>	<u>(FF1085)</u>	<b>BLAISE NAME:</b> FFeeF	RcvBill		
Item Type:	Question	Field kind: Datafield	ArrayMin	: Min value	2:
Type Class:	Enumerated	Field Size:			
<b>Answer Type:</b>	TYESNO4	<b>Answers allowed:</b> 1	ArrayMax	x: Max valu	e:
✓ Help Available	(RcvBillHelp)	☐ Show C	ard ( )		Look Up File ( )
Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}					
Question Text:					
	PERSON}} (or any ervices for {FLAT F	one in the family) received FEE GROUP}?	l anything in v	vriting, such as a	bill, receipt, or
		HELP:F1			
Responses:	YES, AND DOC AVAILABLE	CUMENTATION	1	BOX_30	(FF1105)
	YES, BUT DOC AVAILABLE	CUMENTATION NOT	2	BOX_30	(FF1105)
	NO		3	FF100	(FF1090)
	REFUSED		RF	FF100	(FF1090)
	DON'T KNOW		DK	FF100	(FF1090)
Display Instructions:	For '{FLAT FEE at FF30.	E GROUP}' display the nan	ne of the flat f	ee group selected	at FF10 or entered
Testing/Editing Notes:		ed at MEPS(Fall/Spring)YY at MEPS(Fall/Spring)YYY			

MEPSSpring2024 Flat Fee (FF) Section

**Full Detail Spec** 

**FF100 (FF1090) BLAISE NAME:** FFee YNo Bill

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

Type Class: Enumerated Field Size:

Answer Type: TNotReceivedWriting Answers allowed: 1 ArrayMax: Max value:

 ✓ Help Available (YNoBillHelp)

 ✓ Show Card (CP-1)

 □ Look Up File ( )

#### **Context Header:**

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}

#### **Ouestion Text:**

□ CP-1.

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

HELP:F1 PAID AT TIME OF VISIT ...... 1 BOX 30 **Responses:** (FF1105) MADE A COPAYMENT ..... 2 BOX 30 (FF1105) BILL SENT DIRECTLY TO OTHER ---- 3 FF110 (FF1095) SOURCE BILL HAS NOT ARRIVED ..... 4 BOX 30 (FF1105) NO BILL SENT: HMO PLAN 5 BOX 30 (FF1105) NO BILL SENT: VA (VETERANS ---- 6 BOX 30 (FF1105) ADMINISTRATION)/CHAMPVA NO BILL SENT: MILITARY FACILITY----- 7 BOX 30 (FF1105) NO BILL SENT: PUBLIC ---- 8 BOX 30 (FF1105) ASSISTANCE/MEDICAID/SCHIP NO BILL SENT: INDIAN HEALTH ---- 9 BOX\_30 (FF1105) SERVICE (IHS) NO BILL SENT: WORKER'S 10 BOX 30 (FF1105) COMPENSATION NO BILL SENT: PRIVATE HEALTH BOX 30 (FF1105) .... 11 CENTER/CLINIC NO BILL SENT: PUBLIC CLINIC/HEALTH ---- 12 BOX 30 (FF1105) CENTER OR PRIVATE CHARITY NO CHARGE: TELEPHONE CALL ----- 13 BOX 60 (FF1160) FREE FROM PROVIDER ..... 14 BOX 60 (FF1160) GOVERNMENT-FINANCED RESEARCH 15 BOX 60 (FF1160) AND CLINICAL TRIALS ----- RF BOX 30 (FF1105) REFUSED DON'T KNOW ----- DK BOX 30 (FF1105)

Full Detail Spec					That I ce (II) Seems	,
Display Instructions:						
Testing/Editing Notes:		at MEPS(Fall/Spring)YY MEPS(Fall/Spring)YYYY		<b>1</b> ain		
<u>FF110</u>		BLAISE NAME: FFeeW				
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min va	alue:	
Type Class: Answer Type:	String {Continuous Answer	Field Size: 45  Answers allowed: 1	ArrayMax:	Max v	alue:	
		.,				_
☐ Help Available (	)	☐ Show Card (	)	[	Look Up File ( )	
Context Header:		Γ MIDDLE AND LAST I FEE EVENT GROUP}	NAME} {STR	R-DT} FLAT	FEE GROUP:	
<b>Question Text:</b>						
To whom was the bi	ll sent?					
RECORD VERBAT	TM.					
Responses:			RF F	F120 F120 F120	(FF1100) (FF1100) (FF1100)	
Display Instructions:						
Testing/Editing Notes:		at MEPS(Fall/Spring)YY MEPS(Fall/Spring)YYYY		<b>I</b> ain		

FF120	(FF1100)	<b>BLAISE NAME:</b> FfeeWhereBillTp

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

Type Class: Enumerated Field Size:

**REFUSED** 

DON'T KNOW

Answer Type: TWHOBILLC Answers allowed: 1 ArrayMax: Max value:

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

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP:

{NAME OF FLAT FEE EVENT GROUP}

## **Question Text:**

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

HELP: F1

(FF1105)

(FF1105)

<b>Responses:</b>	HMO1	BOX_30	(FF1105)
	VA (VETERANS AFFAIRS)/CHAMPVA 2	BOX_30	(FF1105)
	TRICARE	BOX_30	(FF1105)
	OTHER MILITARY 4	BOX_30	(FF1105)
	PUBLIC ASSISTANCE/MEDICAID/SCHIP 5	BOX_30	(FF1105)
	WORKER'S COMPENSATION 6	BOX_30	(FF1105)
	PRIVATE INSURANCE COMPANY 7	BOX_30	(FF1105)
	INDIAN HEALTH SERVICE (IHS) 8	BOX_30	(FF1105)
	OTHER	BOX_30	(FF1105)

..... RF BOX\_30

----- DK BOX 30

Display Instructions:

Testing/Editing Notes:

Route Details:

If FF90 is coded '1' (YES, AND DOCUMENTATION AVAILABLE) or '2' (YES, BUT DOCUMENTATION NOT AVAILABLE); or If FF100 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 FF120 is coded '3' (TRICARE), '91' (OTHER), 'DK' (DON'T KNOW), or 'RF'

(REFUSED); Go to FF130.

Otherwise, go to FF150

FF130 (FF1110) BLAISE NAME: FFeeKnowTotal **Item Type:** Field kind: Datafield ArrayMin: Min value: Question Field Size: **Type Class:** Enumerated **Answer Type: TYESNO** Answers allowed: 1 Max value: ArrayMax:  $\square$  Show Card ( ) ☐ Look Up File ( ) ✓ Help Available (EvpvChrgHelp)

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}

#### **Question Text:**

Do you know the total charge for the services for {FLAT FEE GROUP}?

HELP: F1

 Responses:
 YES
 1
 FF140
 (FF1115)

 NO
 2
 FF150
 (FF1120)

 REFUSED
 RF
 FF150
 (FF1120)

 DON'T KNOW
 DK
 FF150
 (FF1120)

**Display**Instructions:

For '{FLAT FEE GROUP}' display the name of the flat fee group selected at FF10 or entered at FF30.

**Full Detail Spec** 

FF140 (FF1115) BLAISE NAME: FFeeTotChrg

Item Type: Question Field kind: Datafield ArrayMin: Min value:-1

Type Class: Integer Field Size: 6

Answer Type: {Continuous Answer.} Answers allowed: 1 ArrayMax: Max value: 999999

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

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP:

{NAME OF FLAT FEE EVENT GROUP}

#### **Question Text:**

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

{Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the bill or statement.}

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

HELP: F1

**Responses:** 1

REFUSED RF DON'T KNOW DK

Programmer Instructions:

If the amount is \$0, go to BOX\_60. Otherwise, go to FF150.

Soft check: If amount entered is < or =\$100, display the following message: "VALUE IS

LOWER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Soft check: If amount is > or = \$100,000, display the following message: "VALUE IS

HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Hard check: Amount cannot be < 0.

Display Instructions:

Display 'Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that

are listed separately on the bill or statement." if FF90 is coded '1' (YES, AND

DOCUMENTATION AVAILABLE). Otherwise, use a null display.

Testing/Editing Notes:

**Full Detail Spec BLAISE NAME:** FFeeAmtUPay FF150 (FF1120) **Item Type:** Question Field kind: Datafield ArrayMin: Min value:-1 Type Class: Integer Field Size: 6 **Answer Type:** {Continuous Answer.} Answers allowed: 1 ArrayMax: **Max value:** 999999 ✓ Help Available (AmtUPayHelp)  $\square$  Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: **Context Header:** {NAME OF FLAT FEE EVENT GROUP} **Question Text:** How much of the {{AMT TOT CH}/total charge} did {you/{PERSON}} or anyone in the family pay 'out-ofpocket,' that is, before any reimbursements? IF AMOUNT PAID IS NOTHING, ENTER 0. ENTER AMOUNT. HELP: F1 **Responses:** ----- 1 FF160 (FF1125) REFUSED ..... RF FF160 (FF1125) DON'T KNOW ..... DK FF160 (FF1125) Soft check: if amount is > \$10,000, display the following message: 'VALUE IS HIGHER Programmer THAN USUAL. VERIFY AND CORRECT IF NEEDED.' **Instructions: Display** Display '{AMT TOT CH}' if an amount is given for the total charge at FF140. Display 'total **Instructions:** charge' if FF130 is coded '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), or is not asked.

For {AMT TOT CH} display the dollar amount entered at FF140.

**Full Detail Spec BLAISE NAME:** FFeeAnySrcPay FF160 (FF1125) **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 ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: **Context Header:** {NAME OF FLAT FEE EVENT GROUP} **Question Text:** Has any private insurance company, HMO, Medicare, Medicaid, or any other source made any payments for the services for {FLAT FEE GROUP}? HELP: F1 **Responses:** YES (FF1130) NO (FF1145) ----- RF BOX 40 **REFUSED** (FF1145) ----- DK BOX 40 DON'T KNOW (FF1145) **Display** For '{FLAT FEE GROUP}' display the name of the flat fee group selected at FF10 or entered at **Instructions:** FF30.

**Full Detail Spec** FF170 **BLAISE NAME:** FFeeSOPRoster (FF1130) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TSOURCEPYM** Answers allowed: 1 ArrayMax: Max value: ☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: **Context Header:** {NAME OF FLAT FEE EVENT GROUP} **Question Text:** Who else paid? PROBE: Anyone else? ENTER ALL THAT APPLY. CTRL-A: ADD CTRL-E: EDIT CTRL-D: DELETE **Responses:** {Name of Source of Payment}1 ..... 1 FF180 (FF1135) ----- 2 FF180 {Name of Source of Payment} 2 (FF1135) ----- 3 FF180 {Name of Source of Payment} 3 (FF1135)

Empty

{Name of Source of Payment} 4

{Name of Source of Payment} N

**EMPTY** 

----- 4 FF180

5 FF180

(FF1135)

(FF1135)

Programmer Instructions:

Roster behavior:

1. Multiple select allowed.

- 2. Multiple add allowed.
- 3. Pressing CTRL-A displays a pop-up with a blank text entry field and a selectable pick list of 15 common sources of payment. (See below for a detailed list). The interviewer can type a new source or select one from the list. Upon return to FF170, the added source will appear on the roster as selected.

#### 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
- 4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the interviewer has not left the screen. If delete is attempted when it is not allowed, CAPI displays the following error message: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'

If 'Other Source not listed' is selected, CAPI should display a text box for entry.

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

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).

**Responses:** 

REFUSED DON'T KNOW

For the specific name to use by state, see the plan fill file.

Testing/Editing Variable collected at MEPS(Fall/Spring)YYYY.FF\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.FF\_Main **Notes: FF180** (FF1135) **BLAISE NAME:** PayFAmtPaid Field kind: Datafield **Item Type:** Min value: -99999 Question **ArrayMin: Type Class:** Field Size: 6 Integer {Continuous Answer.} Answers allowed: 1 Max value: 999999 **Answer Type:** ArrayMax: ☐ Help Available ( )  $\square$  Show Card ( ) ☐ Look Up File ( ) **Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP} **Question Text:** How much did {SOURCE} pay? ENTER AMOUNT. TOTAL CHARGE: \${TOTAL CHARGE}

\_\_\_\_\_\_1

----- RF

..... DK

## **Programmer Instructions:**

Preloaded Grid Type 2- including FF180

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 FF150; 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 FF160 (FFeeAnySrcPay) OR FF170 (FFeeSOPRoster).

IF {SOURCE} IS THE ONLY SOURCE OF DIRECT PAYMENT, GO TO FF160 (FFeeAnySrcPay) AND CODE '2' (NO).

IF THERE ARE OTHER SOURCES OF PAYMENT, GO TO FF170 (FFeeSOPRoster) AND DELETE {SOURCE} FROM THE LIST OF SOURCES OF DIRECT PAYMENT.

IF RESPONDENT DOES NOT KNOW HOW MUCH{SOURCE} PAID, CODE "DK" AT FF180 (PayFAmtPaid)."

CAPI displays FF160 (FFeeAnySrcPay), FF170 (FFeeSOPRoster), and FF180 (PayFAmtPaid) as options to return to.

Testing note: CAPI may display additional items as well. This is a function of Blaise.

## 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 FF170 for this event-provider pair and the 'PERSON/FAMILY' record.

For TOTAL CHARGE, display amount entered at FF140, otherwise, display "N/A" if FF140 = empty, DK, RF.

# Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.FF\_Main.FF180Grid.FF180Grid[1..25] Variable stored at MEPS(Fall/Spring)YYYY\_Event.FF\_Main.FF180Grid.FF180Grid[1..25]

BOX\_40 (FF1145) Item Type: Route Type Class: If Then

Route Details: If FF140 (TOTAL CHARGE) or 'AMOUNT PAID' by any source of direct payment (all

payments sources, including PERSON/FAMILY entered or displayed at FF180) is coded

'RF' (REFUSED) or 'DK' (DON'T KNOW), go to BOX 60.

Otherwise, continue with BOX\_50.

BOX 50 (FF1150) Item Type: Route Type Class: If Then

**Route Details:** Determine if there is an underpayment. Subtract the total payment (PERSON/FAMILY

entered at FF150 plus all payments sources entered at FF180) from the total charge entered

at FF140.

Determine what 3% of the total charge is. Compare that value with \$5 and determine which of these two values is greater. CAPI will use the greater value to

compare against the remainder.

If the value of the remainder is > 3% OR \$5 (whichever is higher) of the total charge,

continue with FF190.

Otherwise, go to BOX\_60.

NOTE: Negative values (overpayments) are not eligible for FF190.

Full Detail Spec

FF190 (FF1155) BLAISE NAME: FFeeElsePay

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 ( ) ☐ Show Card ( ) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} FLAT FEE GROUP:

{NAME OF FLAT FEE EVENT GROUP}

#### **Question Text:**

{Do/Does} {you/{PERSON}} or anyone in the family or any other source expect to make additional payments for the services for {FLAT FEE GROUP}?

 NO
 2
 BOX\_60
 (FF1160)

 REFUSED
 RF BOX\_60
 (FF1160)

 DON'T KNOW
 DK BOX\_60
 (FF1160)

Display Instructions:

Display 'Do' and 'you' if the person being looped on is the respondent. Otherwise, display 'Does' and '{PERSON}'.

For '{FLAT FEE GROUP}' display the name of the flat fee group selected at FF10 or entered at

FF30.

Testing/Editing Notes:

Variable collected at MEPS(Fall/Spring)YYYY.FF\_Main Variable stored at MEPS(Fall/Spring)YYYY\_Event.FF\_Main

BOX\_60 (FF1160) Item Type: Route Type Class: If Then

**Route Details:** 

If the event provider pair that launched the flat fee section represents a HS event and HS50 is coded '4' (GIVE BIRTH TO A BABY) or '5' (TO BE BORN) OR a MV event and MV100 is coded '2' (SOMEWHERE ELSE) OR a TH event and TH120 is coded '1' (YES), go to the EF section.

Otherwise, return to the Event Driver for this Event-Provider Pair. Flag the status of CP as 'Processed' for all event-provider pairs in the flat fee group.

[End of FF]