Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HEALTH INSURANCE SECTION SPECIFICATIONS CRITERIA This section will be administered to all Facility sample types but is dependent on season: IF MCBSFAC_BPreloadSP.CURRTYPE= (1/CFR or 5/IPR) then administer if it is a Fall round (MCBSFAC_BPreloadSP.ROUNDTYPE = 1/FALL) IF MCBSFAC_BPreloadSP.CURRTYPE = (2/CFC, 3/FFC) THEN administer in all seasons (MCBSFAC_BPreloadSP.ROUNDTYPE in 1, 2, or 3) PLACEMENT Administered in flexible order after FQ/RH/BQ is completed. NOTES: MCBSFAC_BPreloadSP.CURRTYPE values: 1 CFR "CFR - CONTINUING FACILITY RESIDENT", 2 CFC "CFC - COMMUNITY TO FACILITY CROSSOVER", 3 FFC "FFC - FACILITY TO FACILITY CROSSOVER", 4 FCF "FCF - FACILITY TO COMMUNITY TO FACILITY", 5 IPR "IPR - INCOMING PANEL RESPONDENT"		
ININTRO	ININTRO	yes/no	Welcome, and thank you for taking the time to complete this survey! Your input is very important to us. This survey focuses on (SP)'s [health insurance coverage and] health-related expenditures during a specific period of time while they were a resident in (FACILITY). Will you be able to answer questions on this topic?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) RFACNAM (02) INSTAFF (-8) INSTAFF (-9) INSTAFF
RFACNAM	RFACNAM	code one	Before starting the survey let's verify that our information is correct. [Is the name shown on your screen the person completing this survey?/Is [READ NAME BELOW] your name?] [FACILITY RESPONDENT NAME] Minor typos do not need to be corrected. However, if the name on screen is inaccurate or if your name is spelled incorrectly in a way that requires a full correction, please select NO on this screen. You will then be able to update your name on the next screen.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) RFACTITL (02) RFACNAM2 (-8) INSTAFF (-9) INSTAFF
RFACNAM2	RFACNAM2	verbatim	Please [enter/tell me] your first and last name.	(01) Continuous answer	RFACNAM2-RFACNMEA
RFACNMEA	RFACNAM2	verbatim	Please [enter/tell me] your email address.	(01) Continuous answer	RFACNAM2-RFACNMPH
RFACNMPH	RFACNAM2	verbatim	Please [enter/tell me] your phone number.	(01) Continuous answer	RFACTITL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RFACTITL	RFACTITL	code one	Please [select/tell me] the title most appropriate for yourself at (FACILITY).	(01) DIRECTOR OF NURSING/VP OF NURSING (02) ASSISTANT DIRECTOR OF NURSING (03) HEAD NURSE/NURSE SUPERVISOR/CHARGE NURSE (04) NURSE, FLOOR/SHIFT (05) SOCIAL WORKER/CASE WORKER/ACTIVITIES COORDINATOR OR DIRECTOR (06) MEDICAL RECORDS CLERK/SUPERVISOR/DIRECTOR (07) NURSES AID (11) MDS COORDINATOR/NURSE (12) CASE MIX COORDINATOR (13) CARE PLAN COORDINATOR/NURSE (14) QUALITY ASSURANCE COORDINATOR (21) OWNER (22) ADMINISTRATOR (23) ASSISTANT ADMINISTRATOR/ADMINISTRATOR IN TRAINING (24) MEDICAL DIRECTOR (25) ADMISSIONS DIRECTOR/COORDINATOR (26) HUMAN RESOURCES STAFF MEMBER (27) VP FOR OPERATIONS (28) ADMINISTRATIVE ASSISTANT/SECRETARY/RECEPTIONIST (30) VP FOR FINANCE (31) CONTROLLER/COMPTROLLER (32) BUSINESS OFFICE MANAGER (33) ACCOUNTING SUPERVISOR (34) ACCOUNTING/BILLING OR ACCOUNTS RECEIVABLE CLERK/BOOKKEEPER (35) ELECTRONIC DATA PROCESSING STAFF MEMBER (36) HEALTH INFORMATION MANAGER (37) RESIDENT CARE COORDINATOR/DIRECTOR (38) ASSISTED LIVING MANAGER/DIRECTOR (91) OTHER	(01) - (38) BOX INEX (91) RFACTLOS
RFACTLOS	RFACTLOS	verbatim	(Please enter your title on this screen./ENTER TITLE FACILITY RESPONDENT PROVIDED AT RFACTITL)	(01) [Continuous answer.]	BOX INEX
INSTAFF	INSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	INSTAFF - CONTINNM
CONTINNM	INSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	INSTAFF - CONTINPH
CONTINPH	INSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	INSTAFF - CONTINEA
CONTINEA	INSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE EMAIL ADDRESS	(01) [Continuous answer.]	EXEND2 - EXENDCN2
	BOX INEX	routing	IF (MCBSFAC_BPreloadSP.CURRTYPE IN (2/CFC, 3/FFC, 5/IPR) OR (MCBSFAC_BPreloadSP.CURRTYPE=1/CFR AND MCBSFAC_BPreloadSP.ROUNDTYPE=1/FALL) GO TO IN1PRE2-IN1PR2CT ELSE GO TO BOX EXS1		
IN1PR2CT	IN1PRE2	code one	The next questions are about (SP's) health insurance.	(01) Continue	MCAIDCOV
MCAIDCOV	MCAIDCOV	yes/no	Was (SP) covered by Medicaid[, also known as [STATE MEDICAID NAME,] [on September 1, (CURRENT YEAR)?/when (SP) was admitted on (FAD/RAD)?]	(01) Yes (02) No (03) Pending (-8) Don't Know (-9) REFUSED	(01) MDCDHMO (02) BOX IN3B (03) BOX IN3B (-8) BOX IN3B (-9) BOX IN3B
MDCDHMO	MDCDHMO	yes/no	Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (Is/Was) (SP) enrolled in a Medicaid[, also known as [STATE MEDICAID NAME,] HMO?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX IN3B
	BOX IN3B	routing	IF THIS IS A BASELINE INTERVIEW (MCBSFAC_BPreloadSP.CURRTYPE=5/IPR), GO TO IN13A - ICAREPTD. ELSE GO TO IN18 - IGAPCOV.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ICAREPTD	IN13A	yes/no	Our records show that (SP) is covered by Medicare. You will now be asked some questions about (SP's) Medicare coverage. Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD]?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	IN18 - IGAPCOV
IGAPCOV	IN18	yes/no	On [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD], was (SP) covered by private health insurance that pays for some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare (Medigap policy)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) IN19-IGAPNAME (02) IN 20-ILTCCOV (-8) IN20-ILTCCOV (-9) IN20-ILTCCOV
IGAPNAME	IN19	Grid	What is the name of the insurance company? Please enter the name of all insurance companies. IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	IN19 - IGAPNAM2
IGAPNAM2	IN19	Grid	What is the name of the insurance company? Please enter the name of all insurance companies. IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	IN20 - ILTCCOV
ILTCCOV	IN20	yes/no	On [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD], was (SP) covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) IN21 - ILTCNAME (02) IN22 - ICHACOV (-8) IN22 - ICHACOV (-9) IN22 - ICHACOV
ILTCNAME	IN21	Grid	What is the name of the insurance company? Please enter the name of all insurance companies.	(01) Continuous Answer	IN21 - ILTCNAM2
ILTCNAM2	IN21	Grid	What is the name of the insurance company? Please enter the name of all insurance companies.	(01) Continuous Answer	IN22 - ICHACOV
ICHACOV	IN22	Yes/No	Was (SP) covered by TRICARE for hospital or physician care on [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD]?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	IN23 - IDVACOV
IDVACOV	IN23	Yes/No	Was (SP) covered by any Department of Veterans Affairs (VA) program or contract on [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD]?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	IN24 - IPUBCOV
IPUBCOV	IN24	Yes/No	(Besides Medicaid, was/Was) (SP) covered by any other public assistance health insurance program on [September 1, (CURRENT YEAR)/(FAD/RAD)/DOD]?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) IN25 - IPUBNAME (02) BOX IN9 (-8) BOX IN9 (-9) BOX IN9
IPUBNAME	IN25	Text	What (is/was) the name of the public assistance health insurance program?	(01) Continuous Answer	BOX IN9
	BOX IN9	routing	IF SP ALIVE (RH1.RHALIVE<>No), AND (MCBSFAC_BPreloadSP.CURRTYPE=1/CFR OR MCBSFAC_BPreloadSP.CURRTYPE=3/FFC) AND MCBSFAC_BPreloadSP.ROUNDTYPE=1/Fall THEN GO TO INBQ13A - IMARSTAT. ELSE GO TO BOX EXS1.		
IMARSTAT	INBQ13A	code one	Is (SP) currently married, widowed, divorced, separated, or never married?	(01)NEVER MARRIED (02) MARRIED (03) WIDOWED (04) DIVORCED (05) SEPARATED (-8) Don't Know (-9) REFUSED	BOX EXS1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			EXPENDITURES SECTION SPECIFICATIONS CRITERIA This section will be administered to continuing and crossover sample types in all rounds. IF MCBSFAC_BPreloadSP.CURRTYPE = (1/CFR, 2/CFC, OR 3/FFC) AND MCBSFAC_BPreloadSP.ROUNDTYPE = (1/FALL, 2/WINTER, OR 3/SUMMER) PLACEMENT Administered after IN questions above have been answered; if IN is not applicable to the case, then survey will begin with EX after FQ/RH/BQ are completed. NOTES: MCBSFAC_BPreloadSP.CURRTYPE values: 1 CFR "CFR - CONTINUING FACILITY RESIDENT", 2 CFC "CFC - COMMUNITY TO FACILITY CROSSOVER", 3 FFC "FFC - FACILITY TO FACILITY CROSSOVER", 4 FCF "FCF - FACILITY TO COMMUNITY TO FACILITY", 5 IPR "IPR - INCOMING PANEL RESPONDENT"		
	BOX EXS1	routing	IF COST DATA FROM THE PREVIOUS ROUND REMAINS TO BE COLLECTED, GO TO BOX EXS1A. ELSE GO TO BOX EXBEG.		
	BOX EXS1A	routing	IF FIRST/NEXT PRELOAD BPER HAS PreloadBPRO.ANCLPOST = 0/No, DK or PreloadBPRO.ANYANCIL = DK, GO TO EX15PRES1 - EX15PRCT. ELSE GO TO EX20S1PRE - BASSMINT.		
EX15PRCT	EX15PRES1	code one	(The next/This series of) questions are about health-related services received by (SP) for which there was a separate charge, that is, your facility's ancillary services. Please do not include non-health-related services such as hairdressing, television, or telephone.	(01) Continue	BOX EXS1B
	BOX EXS1B	routing	IF MCBSFAC_BPreloadSP.ROUNDTYPE=1/FALL} GO TO ANSWEX ELSE GO TO BOX EXS2		
ANSWEX	ANSWEX	yes/no	Will you be able to answer questions on this topic?	(01) YES (02) NO	(01) BOX EXS2 (02) EXSTAFF
	BOX EXS2	routing	If PreloadBPRO.ANCLPOST = 0/No, DK, GO TO EX16S1 - ANCLPOST. ELSE GO TO EX17S1 - ANYANCIL.		
ANCLPOST	EX16S1	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX17S1 - ANYANCIL (02) BOX EX7BS1 (-8) BOX EX7BS1 (-9) BOX EX7BS1
ANYANCIL	EX17S1	yes/no	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX18S1 - ANCILAMT (02) BOX EX7BS1 (-8) BOX EX7BS1 (-9) BOX EX7BS1
ANCILAMT	EX18S1	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX7BS1
BASSMINT	EX20S1PRE	code one	The next questions are about (SP)'s expenditures for room and board while a resident of (FACILITY).	(01) Continue	BOX EXS2A
	BOX EXS2A	routing	IF MCBSFAC_BPreloadSP.ROUNDTYPE=1/FALL} GO TO ANSWEX2 ELSE GO TO BOX EX7BS1		
ANSWEX2	ANSWEX2	yes/no	Will you be able to answer questions on this topic?	(01) Yes (02) No	(01) BOX EX7BS1 (02) EXSTAFF
EXSTAFF	EXSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	EXSTAFF - CONTEXNM
CONTEXNM	EXSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	EXSTAFF - CONTEXPH
CONTEXPH	EXSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	EXSTAFF - CONTEXEA
CONTEXEA	EXSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE EMAIL ADDRESS	(01) [Continuous answer.]	EXEND2 - EXENDCN2
	BOX EX7BS1	routing	IF PreloadBPRO.RECDBASP = 0/No, GO TO EX20S1 - RECDBASP. ELSE IF PreloadBPRO.RECDANCP = 0/No or EX17S1 - ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP. ELSE GO TO EX33BS1 - EXSBKCT.		
RECDBASP	EX20S1	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the–(BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX21AAS1 - ADDSOP1 (02) BOX EX14S1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ADDSOP1	EX21AAS1	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX21ABS1 - PAYMPLN1 (02) EX21ACS1 - BASRATE
PAYMPLN1	EX21ABS1	code one	What Source(s) of Payment do you need to add for (SP)'s basic care for (BP START DATE) - (BP END DATE)? Please select all that apply. If no responses are available, back up and correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX21ACS1 - BASRATE (02) EX21ACS1 - BASRATE (03) EX21ACS1 - BASRATE (04) EX21ACS1 - BASRATE (05) EX21ACS1 - BASRATE (06) EX21ACS1 - BASRATE (07) EX21ACS1 - BASRATE (08) EX21ACS1 - BASRATE (09) EX21ABS1 - HMOOS1 (10) EX21ACS1 - BASRATE (91) EX21ABS1 - SOPOS1 (-8) EX21ACS1 - BASRATE (-9) EX21ACS1 - BASRATE
HMOOS1	EX21ABS1	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX21ACS1 - BASRATE
SOPOS1	EX21ABS1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	EX21ACS1 - BASRATE
BASRATE	EX21ACS1	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	~~BOX EX7CS1~~ BOX EX14S1
	~~BOX EX7CS1~~	~~routing~~	~~IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BS1 - YCAREPAY.~~ ~~ELSE GO TO BOX EX8S1.~~		
~~YCAREPAY~~	~~EX21BS1~~	~~verbatim~~	~~Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but any preceding hospital stays for (SP) have not been recorded.~~ ~~Why Medicare paid for (SP) during this billing period.~~ ~~If necessary, back up to correct. If this was because of a hospital stay, please enter the dates of that stay.~~	~~(01) [Continuous answer.]~~	~~BOX EX8S1~~
	~~BOX EX8S1~~	~~routing~~	~~IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (Use BPRELOADSP.WRITEBAS = 1 in addition to any previous value of BAS10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22S1 – BAS10PCT WAS ASKED THIS BP ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9S1.~~ ~~ELSE GO TO EX22S1 – BAS10PCT.~~		
~~BAS10PCT~~	~~EX22S1~~	~~code one~~	~~There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?~~	~~(01) MEDICAID WRITE-OFF/ADJUSTMENT~~ ~~(02) OTHER WRITE-OFF/ADJUSTMENT~~ ~~(91) OTHER~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) BOX EX9S1~~ ~~(02) BOX EX9S1~~ ~~(91) EX22S1 – BAS10POS~~ ~~(-8) BOX EX9S1~~ ~~(-9) BOX EX9S1~~
~~BAS10POS~~	~~EX22S1~~	~~verbatim~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~BOX EX9S1~~
	~~BOX EX9S1~~	~~routing~~	~~IF (Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A1S1 – EX23A1S1C.~~ ~~ELSE GO TO BOX EX9AAS1.~~		
~~EX23A1S1C~~	~~EX23A1S1~~	~~code one~~	~~There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid has been identified as a payment source.~~ ~~Is Medicaid indeed paying for (SP)'s care?~~ ~~If yes, please continue. If no, back up to make appropriate corrections.~~	~~(01) Continue~~	~~BOX EX9AAS1~~
	~~BOX EX9AAS1~~	~~routing~~	~~IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A2S1 – EX23A2S1C.~~ ~~ELSE GO TO BOX EX10S1.~~		
~~EX23A2S1C~~	~~EX23A2S1~~	~~code one~~	~~There seems to be some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but Medicare has been identified as a payment source.~~ ~~Is Medicare indeed paying for (SP)'s care?~~ ~~If yes, please continue. If no, back up to make appropriate corrections.~~	~~(01) Continue~~	~~BOX EX10S1~~
	~~BOX EX10S1~~	~~routing~~	~~IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX24AS1 – EX24AS1C.~~ ~~ELSE GO TO BOX EX11S1.~~		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EX24AS1C	EX24AS1	code one	Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid has been identified as a source of payment. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue	BOX EX11S1
	BOX EX11S1	routing	IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25S1 - EX25S1C. ELSE GO TO BOX EX12S1.		
EX25S1C	EX25S1	code one	Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, back up to make approriate corrections.	(01) Continue	BOX EX12S1
	BOX EX12S1	routing	IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26S1 - CAREPRTB. ELSE GO TO BOX EX14S1.		
CAREPRTB	EX26S1	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) Yes (02) No (8) Don't Know (9) REFUSED	(01) BOX EX14S1 (02) EX27S1 - YCARESML (8) EX27S1 - YCARESML (9) BOX EX14S1
YCARESML	EX27S1	verbatim	Can you explain why the Medicare payment is so small?	(01) [Continuous answer.]	BOX EX14S1
	BOX EX14S1	routing	IF PreloadBPRO.RECDANCP = 0/No or EX17S1 – ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP. ELSE GO TO EX33BS1 - EXSBKCT.		
RECDANCP	EX28S1	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the (BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX29AAS1 - ADDSOP2 (02) EX33BS1 - EXSBKCT
ADDSOP2	EX29AAS1	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX29ABS1 - PAYMPLN2 (02) EX29ACS1 - ANCRATE
PAYMPLN2	EX29ABS1	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)? Please select all that apply. If no responses are available, back up and correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX29ACS1 - ANCRATE (02) EX29ACS1 - ANCRATE (03) EX29ACS1 - ANCRATE (04) EX29ACS1 - ANCRATE (05) EX29ACS1 - ANCRATE (06) EX29ACS1 - ANCRATE (07) EX29ACS1 - ANCRATE (08) EX29ACS1 - ANCRATE (09) EX29ABS1 - HMOOS2 (10) EX29ACS1 - ANCRATE (91) EX29ABS1 - SOPOS2 (-8) EX29ACS1 - ANCRATE (-9) EX29ACS1 - ANCRATE
HMOOS2	EX29ABS1	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX29ACS1 - ANCRATE
SOPOS2	EX29ABS1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	EX29ACS1 - ANCRATE
ANCRATE	EX29ACS1	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX15S1 EX33BS1 - EXSBKCT
	BOX EX15S1	routing	IF BPER.ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= BPER.ANCILAMT*0.9) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (Use BPRELOADSP.WRITEANC = 1 in addition to any previous value of ANC10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30S1 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)), GO TO BOX EX16S1. ELSE GO TO EX30S1 - ANC10PCT.		
ANC10PCT	EX30S1	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (8) Don't Know (9) REFUSED	(01) BOX EX16S1 (02) BOX EX16S1 (91) EX30S1 - ANC10POS (8) BOX EX16S1 (9) BOX EX16S1
ANC10POS	EX30S1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX EX16S1
	BOX EX16S1	routing	(Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "IF MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A1S1 - EX31A1S1C. ELSE GO TO BOX EX16AAS1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EX31A1S1C	EX31A1S1	code one	There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue	BOX EX16AAS1
	BOX EX16AAS1	routing	IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A2S1 - EX31A2S1C. ELSE GO TO BOX EX17S1.		
EX31A2S1C	EX31A2S1	code one	There seems to be some discrepant information. Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue	BOX EX17S1
	BOX EX17S1	routing	IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32AS1 - EX32AS1C. ELSE GO TO BOX EX18S1.		
EX32AS1C	EX32AS1	code one	It was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue	BOX EX18S1
	BOX EX18S1	routing	IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD, GO TO EX33S1 - EX33S1C. ELSE GO TO EX33BS1 - EXSBKCT.		
EX33S1C	EX33S1	code one	Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, back up to make appropriate corrections.	(01) Continue	EX33BS1 - EXSBKCT
EXSBKCT	EX33BS1	code one	This is the last screen for this billing period. If you need to make any corrections please back up to do so now.	(01) Continue	BOX EX20S1
	BOX EX20S1	routing	IF THERE IS ADDITIONAL PREVIOUS ROUND DATA THAT HAS NOT BEEN ANOTHER BPER IN PreloadBPER COLLECTED, GO TO BOX EXS1A. ELSE IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXSEND. ELSE GO TO BOX EX21S1.		
	BOX EX21S1	routing	IF "PRIVATE PAY HAS NEVER BEEN REPORTED" (to specify in the current round use BPRELOADSP.EVERPRIV = missing in addition to no other values for "Social Security", "Private Pay", "SSI", "Pension" reported at BASRATE/ANCRATE) AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34S1 - USENOLTC. ELSE GO TO BOX EX21AS1.		
EX34S1	EX34S1	yes/no	Earlier, it was recorded that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (SP's) care?	(01) No (02) Yes (-8) Don't Know (-9) REFUSED	(01) BOX EX21AS1 (02) EX35S1 - YLTNOTPP (-8) BOX EX21AS1 (-9) BOX EX21AS1 BOX EXSEND
YLTNOTPP	EX35S1	verbatim	Can you explain this?	(01) [Continuous answer.]	BOX EX21AS1
	BOX EX21AS1	routing	IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND Use BPRELOADSP.EVERCAID = missing in addition to no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round specify "MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT", GO TO EX35AS1 - ECAIDECO. ELSE TO TO BOX EXSEND.		
ECAIDECO	EX35AS1	code one	In a previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) Still pending (02) Denied (03) Approved (-8) Don't Know (-9) REFUSED	BOX EXSEND
	BOX EXSEND	routing	IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXBEG. ELSE GO TO EXEND - EXENDCNT.		
	BOX EXBEG	routing	GO TO EX1PRE - EX1PRECT.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EX1PRECT	EX1PRE	yes/no	This series of questions asks about (SP)'s expenditures for room and board and ancillary charges while a resident of (FACILITY). [The first few questions are about billing and sources of payment when (SP) first became a resident here on (FAD/RAD).] Will you be able to answer questions on this topic?	(01) Yes (02) No	(01) EX2 - ANYBASIC (02) EXSTAFF
ANYBASIC	EX2	yes/no	The following questions are about (SP)'s basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE). Was there a charge for (SP)'s room and board and basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE)? Please include any charges to (SP), their family, or a third party, such as Medicaid, Medicare, or a legal guardian.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX EX1A (02) EX3 - YNOBASIC (-8) EXSTAFF (-9) EXSTAFF
YNOBASIC	EX3	verbatim	Why were there no charges? If your answer is "MEDICAID PAID", please back up to and answer "YES" to the question on whether there was a charge for (SP)'s room and board and basic care.	(01) [Continuous answer.]	EXEND - EXENDCNT
	BOX EX1A	routing	GO TO EX4 - ANCILSEP.		
ANCILSEP	EX4	yes/no	Between (EX REFERENCE START DATE) and (EX REFERENCE END DATE), was (SP) billed separately for health-related ancillary services? That is, were there charges for ancillary services that were not included in the basic rate?	(01) Yes (02) No	EX5 - COMRECMM
COMRECMM	EX5	date	Through what date do you have complete billing records for the services provided to (SP)? MONTH	(01) [Continuous answer.]	EX5 - COMRECDD
COMRECDD	EX5	date	DAY	(01) [Continuous answer.]	EX5 - COMRECYY
COMRECYY	EX5	date	YEAR	(01) [Continuous answer.]	BOX EX2AA
	BOX EX2AA	routing	IF BILLING PERIOD LENGTH IS UNKNOWN, GO TO EX6 - BPLENCUR. ELSE GO TO BOX EX2AA1.		
BPLENCUR	EX6	code one	What is the length of the (facility/home)'s billing period? Is it…	(01) monthly, (02) every two weeks, (03) every week, or (04) quarterly? (91) OTHER	(01) BOX EX2AA1 (02) BOX EX2AA1 (03) BOX EX2AA1 (04) BOX EX2AA1 (91) EX6 - BPLNCROS
BPLNCROS	EX6	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX EX2AA1
	BOX EX2AA1	routing	GO TO BOX EX2A.		
	BOX EX2A	routing	IF EX REFERENCE START DATE IS LATER THAN THE DATE FOR WHICH THE FACILITY HAS COMPLETE BILLING RECORDS FOR THE SERVICES PROVIDED TO RESIDENTS, GO TO EXEND - EXENDCNT. ELSE GO TO EX7PRE - EX7PCNT.		
EX7PCNT	EX7PRE	code one	**Billing Information** Your facility's records are current through **(COMPLETED RECORDS DATE)**. Billing periods are recorded **(LENGTH OF BILLING PERIOD)** . Please begin with the earliest billing period and report information for the period: (**EX REFERENCE START DATE**) – (**EX REFERENCE END DATE**). Select **Next** to continue.	(01) Continue	FEX2 - BILLINFO
BILLINFO	FEX2	code one	Do you prefer to report billing information for all billing periods before reporting any payment information or do you prefer to report billing and then payment information for a billing period, then billing and payment information for each remaining billing period?	(01) ALL BILLING AND THEN ALL PAYMENT INFORMATION (02) BILLING AND PAYMENT INFORMATION BY BILLING PERIOD (-8) Don't Know (-9) REFUSED	(01) BOX EX3AB2 (02) BOX EX3A (-8) BOX EX3A (-9) EXEND - EXENDCNT
	BOX EX3A	routing	GO TO EX8 - BPBEGDATE.		
BPBEGDATE	EX8	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. ENTER DATES IN "MM DD YY" FORMAT. BP START DATE[: (BILLSTARTDATE)]	(01) [Continuous answer.]	EX8 - BPENDDATE
BPENDDATE	EX8	Date	BP END DATE[: (BILLENDDATE)]	(01) [Continuous answer.]	BOX EX3A2
	BOX EX3A2	routing	GO TO EX9 - BILLDAYS.		
BILLDAYS	EX9	Numeric	Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?	(01) [Continuous answer.]	BOX EX3
	BOX EX3	routing	IF EX9 - BILLDAYS = 0, GO TO EX33B - EXABKCT. ELSE ~~IF (RHDAYS = DK) OR (EX9 - BILLDAYS = RHDAYS AND (BPDAYS = EX9 - BILLDAYS OR (RHDAYS < BPDAYS)))~~, GO TO EX11 - BRATRATE. ~~ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9 - BILLDAYS, GO TO EX10 - EX10CODE.~~ ~~ELSE IF (BPDAYS > EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9 - BILLDAYS) OR (BPDAYS = EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS), GO TO EX10A - EX10ACOD.~~ ~~ELSE GO TO EX10 - EX10CODE.~~		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~EX10CODE~~	~~EX10~~	~~Code one~~	~~Why is there a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)? Please select **all** that apply.~~	~~(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) REFUSED~~	~~(01) BOX EX3B (02) BOX EX3B (03) BOX EX3B (04) BOX EX3B (05) BOX EX3B (91) EX10 - EX10OS (-8) BOX EX3B (-9) BOX EX3B~~
~~EX10OS~~	~~EX10~~	~~Code one~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~(01) BOX EX3B~~
~~EX10ACOD~~	~~EX10A~~	~~code all~~	~~Earlier, it was reported that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (SP) was billed for (DAYS BILLED) days. Why is there this discrepancy? Please select **all** that apply.~~	~~(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT RATE BILLING (91) OTHER (-8) Don't Know (-9) REFUSED~~	~~(01) BOX EX3B (02) BOX EX3B (03) BOX EX3B (04) BOX EX3B (05) BOX EX3B (91) EX10A - EX10AOS (-8) BOX EX3B (-9) BOX EX3B~~
~~EX10AOS~~	~~EX10A~~	~~verbatim~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~BOX EX3B~~
	~~BOX EX3B~~	~~routing~~	~~GO TO EX11 - BRATRATE~~		
BRATRATE	EX11	Quantity Unit	Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? Ancillary services will be asked about later. If more than one rate was billed, start with the first rate within the billing period. What is the amount?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	EX11 - BRATUNIT
BRATUNIT	EX11	Quantity Unit	Is that per day, per month, per quarter, or some other amount of time?	(01) DAY (02) MONTH (03) QUARTER (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX11 - BRATDAYS (02) EX11 - BRATDAYS (03) EX11 - BRATDAYS (91) EX11 - BRATUNOS (-8) EX11 - BRATDAYS (-9) EX11 - BRATDAYS
BRATUNOS	EX11	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	EX11 - BRATDAYS
BRATDAYS	EX11	Numeric	How many days were billed at that rate?	(01) [Continuous answer.]	BOX EX4
	BOX EX4	routing	IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5. ELSE GO TO BOX EX3B.		
	BOX EX5	routing	IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PRE - EX15PRCT. ELSE GO TO BOX EX7B.		
EX15PRCT	EX15PRE	code one	The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your facility's ancillary services. Please do not include non-health-related services such as hairdressing, television, or telephone.	(01) Continue	EX16 - ANCLPOST
ANCLPOST	EX16	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX17 - ANYANCIL (02) BOX EX7B (-8) BOX EX7B (-9) BOX EX7B
ANYANCIL	EX17	yes/no	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX18 - ANCILAMT (02) BOX EX7B (-8) BOX EX7B (-9) BOX EX7B
ANCILAMT	EX18	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX7B
	BOX EX7B	routing	GO TO EX20 - RECDBASP		
RECDBASP	EX20	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the (BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX21AA - ADDSOP1 (02) BOX EX14
ADDSOP1	EX21AA	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX21AB - PAYMPLN1 (02) EX21AC - BASRATE
PAYMPLN1	EX21AB	code all	What Source(s) of Payment do you need to add for (SP)'s basic care for (BP START DATE) - (BP END DATE)? Please select all that apply. If no responses are available, back up and correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX21AC - BASRATE (02) EX21AC - BASRATE (03) EX21AC - BASRATE (04) EX21AC - BASRATE (05) EX21AC - BASRATE (06) EX21AC - BASRATE (07) EX21AC - BASRATE (08) EX21AC - BASRATE (09) EX21AB - HMOOS1 (10) EX21AC - BASRATE (91) EX21AB - SOPOS1 (-8) EX21AC - BASRATE (-9) EX21AC - BASRATE
HMOOS1	EX21AB	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX21AC - BASRATE
SOPOS1	EX21AB	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	EX21AC - BASRATE

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BASRATE	EX21AC	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX7C BOX EX14
	BOX EX7C	routing	IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21B - YCAREPAY. ELSE GO TO BOX EX8.		
YCAREPAY	EX21B	Verbatim Text	Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (SP). Please explain why Medicare paid for (SP) during this billing period. If this was because of a hospital stay, please enter the dates of that stay.	(01) [Continuous answer.]	BOX EX8
	BOX EX8	routing	IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (Use BPRELOADSP.WRITEBAS = 1 in addition to any previous value of BAS10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9. ELSE GO TO EX22 - BAS10PCT.		
BAS10PCT	EX22	code one	There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED	(01) BOX EX9 (02) BOX EX9 (91) EX22 - BAS10POS (-8) BOX EX9 (-9) BOX EX9
BAS10POS	EX22	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX EX9
	BOX EX9	routing	IF (Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A1 - EX23A1C. ELSE GO TO BOX EX9AA.		
EX23A1C	EX23A1	code one	Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX9AA
	BOX EX9AA	routing	IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A2 - EX23A2C. ELSE GO TO BOX EX10.		
EX23A2C	EX23A2	code one	Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX10
	BOX EX10	routing	IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" - GO TO EX24A - EX24AC. ELSE GO TO BOX EX11.		
EX24AC	EX24A	code one	Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid was idenfitied as a source of payment. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX11
	BOX EX11	routing	IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25 - EX25C. ELSE GO TO BOX EX12.		
EX25C	EX25	code one	Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX12
	BOX EX12	routing	IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26 - CAREPRTB. ELSE GO TO BOX EX14.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CAREPRTB	EX26	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX EX14 (02) EX27 - YCARESML (-8) EX27 - YCARESML (-9) BOX EX14
YCARESML	EX27	Verbatim Text	Can you explain why the Medicare payment is so small? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) [Continuous answer.]	BOX EX14
	BOX EX14	routing	IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28 - RECDANCP. ELSE GO TO EX33B - EXABKCT.		
RECDANCP	EX28	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the (BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX29AA - ADDSOP2 (02) EX33B - EXABKCT
ADDSOP2	EX29AA	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX29AB - PAYMPLN2 (02) EX29AC - ANCRATE
PAYMPLN2	EX29AB	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)? Please select **all** that apply. If no responses are available, back up to correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX29AC - ANCRATE (02) EX29AC - ANCRATE (03) EX29AC - ANCRATE (04) EX29AC - ANCRATE (05) EX29AC - ANCRATE (06) EX29AC - ANCRATE (07) EX29AC - ANCRATE (08) EX29AC - ANCRATE (09) EX29AB - HMOOS2 (10) EX29AC - ANCRATE (91) EX29AB - SOPOS2 (-8) EX29AC - ANCRATE (-9) EX29AC - ANCRATE
HMOOS2	EX29AB	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX29AC - ANCRATE
SOPOS2	EX29AB	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	EX29AC - ANCRATE
ANCRATE	EX29AC	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX15 EX33B - EXABKCT
	BOX EX15	routing	IF EX18 - ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (Use BPRELOADSP.WRITEANC = 1 in addition to any previous value of ANC10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)), GO TO BOX EX16. ELSE GO TO EX30 - ANC10PCT.		
ANC10PCT	EX30	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) REFUSED	(01) BOX EX16 (02) BOX EX16 (91) EX30 - ANC10POS (-8) BOX EX16 (-9) BOX EX16
ANC10POS	EX30	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX EX16
	BOX EX16	routing	IF (Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A1 - EX31A1C. ELSE GO TO BOX EX16AA.		
EX31A1C	EX31A1	code one	Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX16AA
	BOX EX16AA	routing	IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A2 - EX31A2C. ELSE GO TO BOX EX 17.		
EX31A2C	EX31A2	code one	Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source. Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX17
	BOX EX17	routing	IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32A - EX32AC. ELSE GO TO BOX EX18.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EX32AC	EX32A	code one	Earlier, it was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX18
	BOX EX18	routing	IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33 - EX33C. ELSE GO TO EX33B - EXABKCT.		
EX33C	EX33	code one	Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	EX33B - EXABKCT
EXABKCT	EX33B	code one	This is the last screen for this billing period. If you need to make any corrections please back up to do so now.	(01) Continue	BOX EX20
	BOX EX20	routing	IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3A. ELSE GO TO BOX EX21. ELSE IF (MCBSFAC_BPreloadSP.CURRTYPE IN (2/CFC, 3/FFC, 5/IPR) OR (MCBSFAC_BPreloadSP.CURRTYPE=1/CFR AND MCBSFAC_BPreloadSP.ROUNDTYPE=1/FALL) GO TO GO TO FR1PRE - FR1PRECT ELSE GO TO EXEND - EXENDCNT.		
	BOX EX21	routing	IF "PRIVATE PAY HAS NEVER BEEN REPORTED" (to specify in the current round use BPRELOADSP.EVERPRIV = missing in addition to no other values for "Social Security", "Private Pay", "SSI", "Pension" reported at BASRATE/ANCRATE) AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34 - USENOLTC. ELSE GO TO BOX EX21A.		
USENOLTC	EX34	yes/no	Earlier it was reported told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (SP's) care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX EX21A (02) EX35 - YLTNOTPP (-8) BOX EX21A (-9) BOX EX21A
YLTNOTPP	EX35	verbatim text	Can you please explain?	(01) [Continuous answer.]	BOX EX21A
	BOX EX21A	routing	IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND Use BPRELOADSP.EVERCAID = missing in addition to no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round speeify "MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT", GO TO EX35A - ECAIDECO. ELSE GO TO EXEND - EXENDCNT.		
ECAIDECO	EX35A	code one	In a previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) Still pending (02) Denied (03) Approved (-8) Don't Know (-9) REFUSED	EXEND - EXENDCNT
	BOX EX3AB2	routing	GO TO EX8B2 - BPBEGDATE.		
BPBEGDATE	EX8B2	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. BP START DATE[: (BILLSTARTDATE)]	(01) [Continuous answer.]	EX8B2 - BPENDDATE
BPENDDATE	EX8B2	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. BP END DATE[: (BILLENDDATE)]	(01) [Continuous answer.]	BOX EX3A2B2
	BOX EX3A2B2	routing	GO TO EX9B2 - BILLDAYS.		
BILLDAYS	EX9B2	Numeric	Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?	(01) [Continuous answer.]	BOX EX3B2
	BOX EX3B2	routing	IF EX9B2 - BILLDAYS = 0, THEN GO TO BOX EX6B2. ELSE IF (RHDAYS = DK) OR (EX9B2 - BILLDAYS = RHDAYS AND (BPDAYS = EX9B2 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11B2 - BRATRATE. ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9B2 - BILLDAYS, GO TO EX10B2 - EX10CODE. ELSE IF (BPDAYS > EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9B2 - BILLDAYS) OR (BPDAYS = EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS), GO TO EX10AB2 - EX10ACOD. ELSE GO TO EX10B2 - EX10CODE.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~EX10CODE~~	~~EX10B2~~	~~code all~~	~~Can explain why there is a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS IN BILLING PERIOD)? Please select **all** that apply.~~	~~(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) REFUSED~~	~~(01) BOX EX3BB2 (02) BOX EX3BB2 (03) BOX EX3BB2 (04) BOX EX3BB2 (05) BOX EX3BB2 (91) EX10B2 - EX10OS (-8) BOX EX3BB2 (-9) BOX EX3BB2~~
~~EX10OS~~	~~EX10B2~~	~~Verbatim Text~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~BOX EX3BB2~~
~~EX10ACOD~~	~~EX10AB2~~	~~code all~~	~~Earlier, it was reported that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (SP) was billed for (DAYS BILLED) days. Can you explain why there is this discrepancy? Please select **all** that apply.~~	~~(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT RATE BILLING (91) OTHER (-8) Don't Know (-9) REFUSED~~	~~(01) BOX EX3BB2 (02) BOX EX3BB2 (03) BOX EX3BB2 (04) BOX EX3BB2 (05) BOX EX3BB2 (91) EX10AB2 - EX10AOS (-8) BOX EX3BB2 (-9) BOX EX3BB2~~
~~EX10AOS~~	~~EX10AB2~~	~~Verbatim Text~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~BOX EX3BB2~~
	~~BOX EX3BB2~~	~~routing~~	~~GO TO EX11B2 - BRATRATE.~~		
BRATRATE	EX11B2	Quantity Unit	Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? Billing for ancillary services will be asked about later. If more than one rate was billed, let's start with the first rate within the billing period. What is the amount?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	EX11B2 - BRATUNIT
BRATUNIT	EX11B2	Quantity Unit	Is that per day, per month, per quarter, or some other amount of time?	(01) DAY (02) MONTH (03) QUARTER (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX11B2 - BRATDAYS (02) EX11B2 - BRATDAYS (03) EX11B2 - BRATDAYS (91) EX11B2 - BRATUNOS (-8) EX11B2 - BRATDAYS (-9) EX11B2 - BRATDAYS
BRATUNOS	EX11B2	Quantity Unit	OTHER (SPECIFY)	(01) [Continuous answer.]	EX11B2 - BRATDAYS
BRATDAYS	EX11B2	Quantity Unit	How many days were billed at that rate?	(01) [Continuous answer.]	BOX EX4B2
	BOX EX4B2	routing	IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5B2. ELSE GO TO BOX EX3BB2.		
	BOX EX5B2	routing	IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PREB2 - EX15PRCT. ELSE GO TO BOX EX6B2.		
EX15PRCT	EX15PREB2	code one	The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your facility's ancillary services. Please do not include non-health-related services such as hairdressing, television, or telephone.	(01) Continue	EX16B2 - ANCLPOST
ANCLPOST	EX16B2	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX17B2 - ANYANCIL (02) BOX EX6B2 (-8) BOX EX6B2 (-9) BOX EX6B2
ANYANCIL	EX17B2	Yes/No	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EX18B2 - ANCILAMT (02) BOX EX6B2 (-8) BOX EX6B2 (-9) BOX EX6B2
ANCILAMT	EX18B2	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX6B2
	BOX EX6B2	routing	IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3AB2. ELSE GO TO BOX EX6BB2.		
	BOX EX6BB2	routing	IF THERE ARE ANY BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2. ELSE GO TO BOX EX21B2.		
	BOX EX7BB2	routing	GO TO EX20B2 - RECDBASP.		
RECDBASP	EX20B2	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the (BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX21AAB2 - ADDSOP1 (02) BOX EX14B2
ADDSOP1	EX21AAB2	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX21ABB2 - PAYMPLN1 (02) EX21ACB2 - BASRATE

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PAYMPLN1	EX21ABB2	code all	What Source(s) of Payment do you need to add for (SP)'s basic care for (BP START DATE) - (BP END DATE)? Please select **all** that apply. If no responses are available, back up and correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (04) (SP)/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX21ACB2 - BASRATE (02) EX21ACB2 - BASRATE (03) EX21ACB2 - BASRATE (04) EX21ACB2 - BASRATE (05) EX21ACB2 - BASRATE (06) EX21ACB2 - BASRATE (07) EX21ACB2 - BASRATE (08) EX21ACB2 - BASRATE (09) EX21ABB2 - HMOOS1 (10) EX21ACB2 - BASRATE (91) EX21ABB2 - SOPOS1 (-8) EX21ACB2 - BASRATE (-9) EX21ACB2 - BASRATE
HMOOS1	EX21ABB2	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX21ACB2 - BASRATE
SOPOS1	EX21ABB2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	EX21ACB2 - BASRATE
BASRATE	EX21ACB2	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	~~BOX EX7CB2~~ BOX EX14B2
	~~BOX EX7CB2~~	~~routing~~	~~IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) DATE AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BB2 - YCAREPAY.~~ ~~ELSE GO TO BOX EX8B2.~~		
~~YCAREPAY~~	~~EX21BB2~~	~~Verbatim Text~~	~~Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but any preceding hospital stays for (SP) have not been recorded.~~ ~~Please explain why Medicare paid for (SP) during this billing period.~~ ~~If this was because of a hospital stay, please enter the dates of that stay.~~	~~(01) [Continuous answer.]~~	~~BOX EX8B2~~
	~~BOX EX8B2~~	~~routing~~	~~IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (Use BPRELOADSP.WRITEBAS = 1 in addition to any previous value of BAS10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22B2 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9B2.~~ ~~ELSE GO TO EX22B2 - BAS10PCT.~~		
~~BAS10PCT~~	~~EX22B2~~	~~code one~~	~~There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed Entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF BASIC PAYMENTS). Why is that?~~	~~(01) MEDICAID WRITE-OFF/ADJUSTMENT~~ ~~(02) OTHER WRITE-OFF/ADJUSTMENT~~ ~~(91) OTHER~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) BOX EX9B2~~ ~~(02) BOX EX9B2~~ ~~(91) EX22B2 - BAS10POS~~ ~~(-8) BOX EX9B2~~ ~~(-9) BOX EX9B2~~
~~BAS10POS~~	~~EX22B2~~	~~verbatim text~~	~~OTHER (SPECIFY)~~	~~(01) [Continuous answer.]~~	~~BOX EX9B2~~
	~~BOX EX9B2~~	~~routing~~	~~IF (Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A1B2 - EX23A1B2C.~~ ~~ELSE GO TO BOX EX9AAB2.~~		
~~EX23A1B2C~~	~~EX23A1B2~~	~~code one~~	~~Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid has been identified as a payment source.~~ ~~Is Medicaid indeed paying for (SP)'s care?~~ ~~If yes, please continue. If no, please back up to make appropriate corrections.~~	~~(01) Continue~~	~~BOX EX9AAB2~~
	~~BOX EX9AAB2~~	~~routing~~	~~IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX23A2B2 - EX23A2B2C.~~ ~~ELSE GO TO BOX EX10B2.~~		
~~EX23A2B2C~~	~~EX23A2B2~~	~~code one~~	~~Earlier, it was recorded that (FACILITY) is not certified by Medicare but Medicare was identified as a payment source.~~ ~~Is Medicare indeed paying for (SP)'s care?~~ ~~If yes, please continue. If no, please back up to make appropriate corrections.~~	~~(01) Continue~~	~~BOX 10B2~~
	~~BOX EX10B2~~	~~routing~~	~~IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX24AB2 - EX24AB2C.~~ ~~ELSE GO TO BOX EX11B2.~~		
~~EX24AB2C~~	~~EX24AB2~~	~~code one~~	~~Earlier, it was recorded that (SP) was not a Medicaid recipient, but Medicaid was identified as a source of payment.~~ ~~Is Medicaid indeed paying for (SP)'s care?~~ ~~If yes, please continue. If no, please back up to make appropriate corrections.~~	~~(01) Continue~~	~~BOX EX11B2~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX EX11B2	routing	IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25B2 - EX25B2C. ELSE GO TO BOX EX12B2.		
EX25B2C	EX25B2	code one	Earlier, it was recorded that (SP's) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (SP's) care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX12B2
	BOX EX12B2	routing	IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26B2 - CAREPRTB. ELSE GO TO BOX EX14B2.		
CAREPRTB	EX26B2	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? If necessary, back up to correct payments.	(01) Yes (02) NO=o (8) Don't Know (-9) REFUSED	(01) BOX EX14B2 (02) EX27B2 - YCARESML (8) EX27B2 - YCARESML (-9) BOX EX14B2
YCARESML	EX27B2	Verbatim Text	Can you explain why the Medicare payment is so small? RECORD VERBATIM BELOW.	(01) [Continuous answer.]	BOX EX14B2
	BOX EX14B2	routing	IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28B2 - RECDANCP. ELSE GO TO EX33BB2 - EXBBKCT.		
RECDANCP	EX28B2	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] (BP START DATE) - (BP END DATE) billing period?	(01) Yes (02) No	(01) EX29AAB2 - ADDSOP2 (02) EX33BB2 - EXBBKCT
ADDSOP2	EX29AAB2	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)?	(01) Yes (02) No	(01) EX29ABB2 - PAYMPLN2 (02) EX29ACB2 - ANCRATE
PAYMPLN2	EX29ABB2	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for (BP START DATE) - (BP END DATE)? Please select **all** that apply. If no responses are available, back up and correct your response.	(01) MEDICAID (02) PRIVATE PAY OR (SP)/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) REFUSED	(01) EX29ACB2 - ANCRATE (02) EX29ACB2 - ANCRATE (03) EX29ACB2 - ANCRATE (04) EX29ACB2 - ANCRATE (05) EX29ACB2 - ANCRATE (06) EX29ACB2 - ANCRATE (07) EX29ACB2 - ANCRATE (08) EX29ACB2 - ANCRATE (09) EX29ABB2 - HMOOS2 (10) EX29ACB2 - ANCRATE (91) EX29ABB2 - SOPOS2 (-8) EX29ACB2 - ANCRATE (-9) EX29ACB2 - ANCRATE
HMOOS2	EX29ABB2	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	EX29ACB2 - ANCRATE
SOPOS2	EX29ABB2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	EX29ACB2 - ANCRATE
ANCRATE	EX29ACB2	Grid	What is the total amount each source paid for (BP START DATE) - (BP END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX EX15B2 BOX EX16B2
	BOX EX15B2	routing	IF EX18B2 - ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (Use BPRELOADSP.WRITEANC = 1 in addition to any previous value of ANC10PCT to specify A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30B2 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)), GO TO BOX EX16B2. ELSE GO TO EX30B2 - ANC10PCT.		
ANC10PCT	EX30B2	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (8) Don't Know (-9) REFUSED	(01) BOX EX16B2 (02) BOX EX16B2 (91) EX30B2 - ANC10POS (8) BOX EX16B2 (-9) BOX EX16B2
ANC10POS	EX30B2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX EX16B2
	BOX EX16B2	routing	IF (Use BPRELOADSP.EXFCAID = missing in addition to FQ.CAIDCERT ne 1 and no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round to specify "MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A1B2 - EX31A1B2C. ELSE GO TO BOX EX16AAB2.		
EX31A1B2C	EX31A1B2	code one	Earlier, it was recorded that (FACILITY) is not certified by Medicaid but Medicaid was identified as a payment source. Is Medicaid indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX16AAB2 EX33BB2 - EXBBKCT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX EX16AAB2	routing	IF (Use BPRELOADSP.EXFCARE = missing in addition to FQ.CARECERT ne 1 and no other values for "Medicare" reported at BASRATE/ANCRATE in the current round to specify "MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFED AND FACILITY HAS NEVER CONFIRMED"), GO TO EX31A2B2 - EX31A2B2C. ELSE GO TO BOX EX17B2 -		
EX31A2B2C	EX31A2B2	code one	Earlier, It was recorded that (FACILITY) is not certified by Medicare but Medicare has been identified as a payment source. - Is Medicare indeed paying for (SP)'s care? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX17B2
	BOX EX17B2	routing	IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32AB2 - EX32AB2C. ELSE GO TO BOX EX18B2.		
EX32AB2C	EX32AB2	code one	Earlier, it was recorded that (SP) was not a Medicaid recipient but Medicaid was identified as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	BOX EX18B2
	BOX EX18B2	routing	IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33B2 - EX33B2C. ELSE GO TO EX33BB2 - EXBBKCT.		
EX33B2C	EX33B2	code one	Earlier, it was recorded that (SP's) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. - Is Medicaid indeed no longer paying for (SP's) ancillary services? If yes, please continue. If no, please back up to make appropriate corrections.	(01) Continue	EX33BB2 - EXBBKCT
EXBBKCT	EX33BB2	code one	This is the last screen for this billing period. If you need to make any corrections please back up to do so now.	(01) Continue	BOX EX20B2
	BOX EX20B2	routing	IF THERE ARE ANY ADDITIONAL BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2. ELSE GO TO BOX EX21B2. ELSE IF (MCBSFAC_BPreloadSP.CURRTYPE IN (2/CFC, 3/FFC, 5/IPR) OR (MCBSFAC_BPreloadSP.CURRTYPE=1/CFR AND MCBSFAC_BPreloadSP.ROUNDTYPE=1/FALL) GO TO GO TO FR1PRE - FR1PRECT ELSE GO TO EXEND - EXENDCNT.		
	BOX EX21B2	routing	IF "PRIVATE PAY HAS NEVER BEEN REPORTED" (to specify in the current round use BPRELOADSP.EVERPRIV = missing in addition to no other values for "Social Security", "Private Pay", "SSI", "Pension" reported at BASRATE/ANCRATE) AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34B2 - USENOLTC. ELSE GO TO BOX EX21AB2.		
USENOLTC	EX34B2	yes/no	Earlier it was reported that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (SP's) care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX EX21AB2 (02) EX35B2 - YLTNOTPP (-8) BOX EX21AB2 (-9) BOX EX21AB2
YLTNOTPP	EX35B2	Verbatim Text	Can you please explain this?	(01) [Continuous answer.]	BOX EX21AB2
	BOX EX21AB2	routing	IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND Use BPRELOADSP.EVERCAID = missing in addition to no other values for "Medicaid" reported at BASRATE/ANCRATE in the current round specify "MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT", GO TO EX35AB2 - ECAIDECO. ELSE GO TO EXEND - EXENDCNT.		
ECAIDECO	EX35AB2	code one	In the previous survey, it was reported that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied or approved?	(01) STILL PENDING (02) DENIED (03) APPROVED (-8) Don't Know (-9) REFUSED	FR1PRE - FR1PRECT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
FR1PRECT	FR1PRE	yes/no	The final few questions collect some information on the basic rates residents in (FACILITY) are charged. Most facilities have one or more set rates they charge their residents for room and board and basic services. Usually this rate includes basic nursing services and sometimes it includes medical services as well. This survey is interested in the basic rates charged by (FACILITY) for [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID], Medicare, and private pay/[(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] and private pay/Medicare and private pay/private pay) residents. We are concerned only with the place where (SP) is or was physically located at (FACILITY). Will you be able to answer questions on this topic?	(01) Yes (02) No	(01) FR2 - RATEPRB (02) BRSTAFF
BRSTAFF	BRSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	EXSTAFF - CONTEXNM
CONTBRNM	BRSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	EXSTAFF - CONTEXPH
CONTBRPH	BRSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	EXSTAFF - CONTEXEA
CONTBREA	BRSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE EMAIL ADDRESS	(01) [Continuous answer.]	EXEND2 - EXENDCN2
RATEPRB	FR2	yes/no	Do you have more than one basic rate?	(01) YES (02) NO (-8) Don't Know	(01) FR3-HIGHRATE (02) FR5 - SINGRATE (-8) FR5 - SINGRATE
HIGHRATE	FR3	Quantity Unit	What is the highest rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) FR3 - HIGHPER (-8) FR4-LOWRATE (-9) BOX FR2
HIGHPER	FR3	code one	Is that per day, per week, per month, or some other amount of time?	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) FR4 - LOWRATE (02) FR4 - LOWRATE (03) FR4 - LOWRATE (91) FR3 - HIGHPROS
HIGHPROS	FR3	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	FR4 - LOWRATE
LOWRATE	FR4	Quantity Unit	HIGHEST RATE: [INPUT AT FR3-HIGHRATE] HIGHEST RATE UNIT: [INPUT AT FR3-HIGHPER] What is the lowest rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FR4 - LOWPER (-8) EXEND-EXENDCNT (-9) EXEND-EXENDCNT
LOWPER	FR4	code one	HIGHEST RATE: [INPUT AT FR3-HIGHRATE] HIGHEST RATE UNIT: [INPUT AT FR3-HIGHPER] Is that per day, per week, per month, or some other amount of time?	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) EXEND-EXENDCNT (02) EXEND-EXENDCNT (03) EXEND-EXENDCNT (91) FR4 - LOPEROS
LOPEROS	FR4	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX FR2
SINGRATE	FR5	Quantity Unit	What is the rate you bill for residents' basic care? ENTER A WHOLE DOLLAR AMOUNT FOLLOWED BY A DECIMAL AND CENTS ".00" TO ".99".	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	(01) FR5 - SINGPER (-8) EXEND-EXENDCNT (-9) EXEND-EXENDCNT
SINGPER	FR5	code one	Is that per day, per week, per month, or some other amount of time?	(01) DAY (02) WEEK (03) MONTH (91) OTHER	(01) EXEND-EXENDCNT (02) EXEND-EXENDCNT (03) EXEND-EXENDCNT (91) FR5 - SINGPEROS
SINGPEROS	FR5	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX INBEG
EXENDCNT	EXEND	code one	That is all of the information needed at this time. Thank you very much for your time and participation.	(01) Continue	BOX EXEND
EXENDCN2	EXEND2	code one	That is all of the information needed at this time. An invitation will be sent to the contact name provided to answer these questions. Thank you for your time and participation.	(01) Continue	BOX EXEND
	BOX EXEND	routing	END OF SURVEY		