Charge Payment (CP) Section

BOX_00A
=======

```
 ------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
|  DISPLAY PROV.PROVNAME, EVPV.EVNTTYPE,               |
|  EVPV.EVNTBEGM, EVPV.EVNTBEGD, EVPV.EVNTBEGY,        |
|  EVPV.EVNTENDM, EVPV.EVNTENDD, EVPV.EVNTENDY,        |
|  PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,        |
|  PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY,        |
|  EVPV.RVNAME, FFEE.FFEENAME                          |
 ------------------------------------------------------
```

```
 ------------------------------------------------------
|  DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE      |
|  CONTEXT HEADER IF THE EVENT TYPE IS NOT 'PM'        |
|  (PRESCRIBED MEDICINES) OR 'OM' (OTHER MEDICAL       |
|  EXPENSES). OTHERWISE, USE NULL VALUE.               |
|                                                      |
|  DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT     |
|  TYPE IS NOT 'PM' (PRESCRIBED MEDICINES) OR 'OM'     |
|  (OTHER MEDICAL EXPENSES).                           |
|                                                      |
|  DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT     |
|  TYPE IS 'PM' (PRESCRIBED MEDICINES) OR 'OM' (OTHER| |
|  MEDICAL EXPENSES).                                  |
|                                                      |
|  DISPLAY 'REPEAT VISIT:  {NAME OF REPEAT VISIT       |
|  GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A    |
|  REPEAT VISIT STEM.                                  |
|                                                      |
|  DISPLAY 'FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT   |
|  GROUP}' IN THE CONTEXT HEADER IF THIS EVENT IS A    |
|  FLAT FEE STEM.                                      |
|                                                      |
|  FOR '{EVN - DT}', DISPLAYED IN THE CONTEXT HEADER,| |
|  DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM| |
|  EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR    |
|  NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}' FOR OM       |
|  EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).| |
|                                                      |
|  FOR '{START DATE}', DISPLAYED IN THE CONTEXT        |
|  HEADER, DISPLAY THE START DATE OF THE CURRENT       |
|  ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE   |
|  (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}'| |
|  FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE      |
|  (EV02A=2).                                          |
 ------------------------------------------------------
```

```
-------------------------------------------------------
|  (FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES     |
|  AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST  |
|  CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS       |
|  SECOND CALENDAR YEAR OF PANEL IF ROUND 5.          |
-------------------------------------------------------
```

BOX_00
======

```
-------------------------------------------------------
|  THROUGHOUT THE CHARGE/PAYMENT (CP) SECTION,        |
|  ENTRY OF ALL DOLLAR AMOUNTS WILL INCLUDE ONLY      |
|  WHOLE DOLLARS.  ENTRY OF CENTS WILL BE DISALLOWED. |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  SOME ITEMS (CP01B, CP12A, CP14A, AND CP20) IN      |
|  THIS SECTION ALLOW THE ADDITION OF A SOURCE OF     |
|  PAYMENT FOR THE RU. WHEN THE INTERVIEWER SELECTS   |
|  THE "ADD" LINK, CAPI DISPLAYS A POP-UP WITH A      |
|  BLANK ENTRY FIELD AND A SELECTABLE PICK LIST OF    |
|  SOME COMMON SOURCES AS FOLLOWS:                    |
|                                                     |
|  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'                              |
|                                                     |
|  THE PICK LIST EXPEDITES THE ENTRY OF ONE OF THESE  |
|  COMMON SOURCES. ONCE THE INTERVIEWER SELECTS FROM  |
|  THE PICK LIST (OR TYPES AN ENTRY) AND RETURNS TO   |
|  THE MAIN SCREEN, THE ADDED SOURCE OF PAYMENT       |
|  APPEARS IN THE ROSTER AS SELECTED.                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   BEGINNING IN PANEL 13, ROUND 1, THE SOURCE OF      |
|   PAYMENT PICK LIST GROUPS VA AND CHAMPVA TOGETHER   |
|   RATHER THAN TRICARE AND CHAMPVA AS PAST ROUNDS     |
|   HAVE DONE.                                         |
|                                                      |
|   THE SOP PICK LIST FOR ALL ROUNDS OF PANEL 12       |
|   READS:                                             |
|                                                      |
|   'VA/VETERAN'S ADMINISTRATION'                      |
|   'TRICARE/CHAMPVA'                                  |
|                                                      |
|   THE PICK LIST FOR ALL ROUNDS OF PANEL 13 AND ALL   |
|   SUBSEQUENT PANELS READS:                           |
|                                                      |
|   'VA (VETERAN'S ADMINISTRATION)/CHAMPVA'            |
|   'TRICARE'                                          |
-------------------------------------------------------


-------------------------------------------------------
|   IF EVENT TYPE IS HH                                |
|   AND                                                |
|   HH PROVIDER ASSOCIATED WITH THE EVENT BEING ASKED  |
|   ABOUT IS FLAGGED AS 'AGENCY' OR 'INFORMAL',        |
|   GO TO BOX_26                                       |
-------------------------------------------------------


-------------------------------------------------------
|   IF EVENT TYPE IS MV AND MV01 IS CODED '2'          |
|   (TELEPHONE CALL)                                   |
|   OR                                                 |
|   IF EVENT TYPE IS OP AND OP02 IS CODED '2'          |
|   (TELEPHONE CALL),                                  |
|   GO TO BOX_26                                       |
-------------------------------------------------------


-------------------------------------------------------
|   OTHERWISE, CONTINUE WITH BOX_01                    |
-------------------------------------------------------
```

BOX_01
======

```
 -----------------------------------------------------
| IF EVENT TYPE IS PM AND IS OM TYPE 2 OR 3, GO       |
| TO CP03                                             |
 -----------------------------------------------------
```

```
 -----------------------------------------------------
| IF EVENT TYPE IS PM AND IS NOT OM TYPE 2 OR 3,      |
| CONTINUE WITH BOX_02                                |
 -----------------------------------------------------
```

```
 -----------------------------------------------------
| OTHERWISE, GO TO BOX_03                             |
 -----------------------------------------------------
```

BOX_02
======

```
 -----------------------------------------------------
| IF PERSON ALREADY FLAGGED AS 'NO CP INFORMATION     |
| FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO  |
| TO BOX_26                                           |
 -----------------------------------------------------
```

```
 -----------------------------------------------------
| IF PERSON ALREADY FLAGGED AS 'CP INFORMATION FOR    |
| PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO TO   |
| CP03                                                |
 -----------------------------------------------------
```

```
 -----------------------------------------------------
| OTHERWISE, CONTINUE WITH CP01A                      |
 -----------------------------------------------------
```

CP01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Now I'd like to ask you about the charges for (PERSON)'s
prescription medicine.

Has (PERSON)'s health insurance or another source of coverage
helped pay for any of (PERSON)'s prescription medications since
(START DATE)?

CODE "NO" IF PERSON REPORTS NO HEALTH INSURANCE OR ANOTHER SOURCE
OF COVERAGE.

        YES .... 1 {CP01B}
        NO .... 2 {CP01C}
        REF .... -7 {CP01C}
        DK .... -8 {CP01C}

  HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

        | QUESTIONS CP01A THROUGH CP01C WERE REVISED IN |
        | PANEL 12 ROUND 3. STARTING IN PANEL 13, THESE |
        | ITEMS WILL BE INCORPORATED IN ALL ROUNDS. |

CP01B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
{EVN-DT}

Who **usually** helps pay?

        [1. Name of Source of Direct Payment-35]
        [2. Name of Source of Direct Payment-35]
        [3. Name of Source of Direct Payment-35]

    HELP AVAILABLE FOR DEFINITION OF SOURCE OF PAYMENT.

                    [Code One]

    | WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENT |
    | ROSTER. |

    | CONTINUE WITH CP01C |

    | ROSTER DETAILS: |
    | TITLE: RU_SOP_2 |
    | |
    | COL # 1 HEADER: REIMBURSEMENT SOURCE |
    | INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME |
    | (SRCS.SRCNAME) |

    | ROSTER DEFINITION: |
    | DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR |
    | SELECTION. |

```
-----------------------------------------------------
|  ROSTER BEHAVIOR:                                 |
|  1. MULTIPLE ADD AND MULTIPLE SELECT ALLOWED.     |
|                                                   |
|  2. ADD ALLOWED. THE SCREEN DISPLAYS A LINK "ADD A|
|  SOURCE OF PAYMENT" THAT THE INTERVIEWER CAN      |
|  SELECT. SELECTING THE LINK DISPLAYS A POP-UP WITH|
|  A TEXT ENTRY FIELD AND A SELECTABLE LIST OF 15   |
|  COMMON SOURCES OF PAYMENT. (SEE BOX_00 FOR A     |
|  DETAILED LIST). THE INTERVIEWER CAN TYPE A NEW   |
|  SOURCE OR SELECT ONE FROM THE LIST. UPON RETURN TO|
|  CP01B, THE ADDED SOURCE WILL APPEAR ON THE ROSTER |
|  AS SELECTED.                                     |
|                                                   |
|  3. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE   |
|  SOURCE OF PAYMENT.                               |
|                                                   |
|  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.'                                        |
|                                                   |
|  5. LIMITED EDIT ALLOWED. IF INTERVIEWER ADDS A   |
|  SOURCE OF PAYMENT, EDITING IS POSSIBLE FOR THAT  |
|  SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT  |
|  LEFT THE SCREEN. IF EDIT IS ATTEMPTED WHEN IT IS |
|  NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR   |
|  MESSAGE: 'EDIT ALLOWED ONLY WHEN SOURCE FIRST    |
|  ENTERED.'                                        |
|                                                   |
|  6. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, |
|  DISPLAY THE STANDARD WVS INSTRUCTION: "EITHER THE |
|  ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP |
|  ANY CHOICES."                                    |
-----------------------------------------------------


-----------------------------------------------------
|  ROSTER FILTER:                                   |
|  DISPLAY ALL SOURCES OF PAYMENT THAT ARE NOT      |
|  PERSON/FAMILY.                                   |
-----------------------------------------------------
```

CP01C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much did (PERSON) pay out-of-pocket for (PERSON)'s last
prescription?

IF AMOUNT PAID IS NOTHING, ENTER 0.

IF AMOUNT PAID VARIES DEPENDING ON TYPE OF MEDICATION, ENTER
THE OUT-OF-POCKET COST FOR THE **LAST** PRESCRIPTION FILLED DURING THE
REFERENCE PERIOD.

IF MORE THAN ONE PRESCRIPTION WAS FILLED AT THE SAME TIME, ENTER THE
AMOUNT FOR THE **LAST** PRESCRIPTION ON RECEIPT.

        [Enter $ Amount] .... {CP01}
        REF .... -7 {CP01}
        DK .... -8 {CP01}

        | HARD RANGE CHECK: $0 - $999,999 |

CP01COV2
========

OMITTED.

PERCENT:

        | BEGINNING IN PANEL 13 ROUND 2 AND PANEL 12 ROUND |
        | 4, CP01C IS ASKED OF ALL PERSONS ASKED CP01A. |
        | PERCENT WAS REMOVED FROM CP01 AT THE SAME TIME. |

CP01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
{EVN-DT}

(Do/Does) (PERSON) (or someone in the family) send in a claim
form to the insurance company for (PERSON)'s prescription
medicines or does the pharmacy automatically do this for
(PERSON)'s prescription medicines?

        FAMILY SENDS IN CLAIM FORMS .... 1 {CP03}
        PHARMACY AUTOMATICALLY FILES CLAIM ..... 2 {BOX_26}
        NOT EITHER TYPE OF SITUATION .... 3 {BOX_26}
        REF .... -7 {CP03}
        DK .... -8 {CP03}

        HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

                    [Code One]

    | IF CODED '2' (PHARMACY AUTOMATICALLY FILES CLAIM),|
    | OR '3' (NOT EITHER TYPE OF SITUATION), FLAG THIS |
    | PERSON AS 'NO CP INFORMATION FOR PM EVENTS |
    | NECESSARY' FOR THE CURRENT ROUND. |

    | IF CODED '1' (FAMILY SENDS IN CLAIM FORMS), '-7' |
    | (REFUSED), OR '-8' (DON'T KNOW), FLAG THIS PERSON |
    | AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR |
    | THE CURRENT ROUND. |

BOX_03
======

```
-----------------------------------------------------
| IF FIRST TIME THROUGH CHARGE PAYMENT FOR THIS      |
| PERSON-PROVIDER PAIR AND PAIR WAS FLAGGED AS       |
| 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND,   |
| CONTINUE WITH CP02                                 |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO CP03                              |
-----------------------------------------------------
```

CP02
====

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

Before we talk about the charges for (PERSON)'S visit to (PROVIDER)
on (VISIT DATE), let me take a moment to verify some information.

Last time we recorded that (PERSON) (or someone in the family)
usually pay(s) a {$ AMT COPAY} copayment to (PROVIDER). Is
this still the correct copayment amount?

```
        YES ................................... 1 {CP03}
        NO .................................... 2 {CP02OV}
        NOT A COPAYMENT SITUATION ANYMORE ..... 99 {CP03}
        REF .................................. -7 {CP03}
        DK ................................... -8 {CP03}
```

                    [Code One]

        HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

        | {$ AMT COPAY}: DISPLAY THE CP11OV1 AMOUNT FLAGGED|
        | AS 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND|
        | FOR THIS PERSON-PROVIDER PAIR. |

        | IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE),|
        | FLAG THIS PERSON-PROVIDER AND THIS PERSON AS 'NOT |
        | A COPAYMENT SITUATION' FOR THE CURRENT ROUND. |

        | IF CODED '1' (YES), '-7' (REFUSED), OR '-8' |
        | (DON'T KNOW), FLAG THIS PERSON-PROVIDER PAIR AND |
        | THIS PERSON AS 'COPAYMENT SITUATION' FOR THE |
        | CURRENT ROUND AND SET COPAYMENT AMOUNT FROM THE |
        | PREVIOUS ROUND AS THE PERSON'S COPAYMENT AMOUNT |
        | FOR THE CURRENT ROUND. |

CP02OV
======

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

                    What is the correct copayment amount?

                        [Enter $ Amount] ....   {CP03}
                        NOT A COPAYMENT SITUATION ANYMORE ..... 99 {CP03}
                        REF .... -7 {CP03}
                        DK .... -8 {CP03}

                          HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

                    | SET DOLLAR AMOUNT ENTERED AT CP02OV AS THE   NEW |
                    | COPAYMENT AMOUNT FOR THIS PERSON-PROVIDER PAIR |
                    | FOR THE CURRENT ROUND. USE THIS AMOUNT IN CP04. |

                    | IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE),|
                    | DO NOT FLAG THIS PERSON-PROVIDER AS 'COPAYMENT |
                    | SITUATION' FOR THE CURRENT ROUND. |

                    | IF CODED '-7' (REFUSED), OR '-8' (DON'T KNOW), |
                    | FLAG THIS PERSON-PROVIDER PAIR AS 'COPAYMENT |
                    | SITUATION' FOR THE CURRENT ROUND AND SET COPAYMENT|
                    | AMOUNT FROM PREVIOUS ROUND AS COPAYMENT AMOUNT FOR|
                    | THE CURRENT ROUND. |

                    | HARD CHECK: |
                    | $1 - $50. |

                    | HARD CHECK: |
                    | COPAYMENT DOLLAR AMOUNT MUST BE WHOLE DOLLAR |
                    | AMOUNT < OR = $50. |

CP03
====

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

Now I'd like to ask you about the charges for {(PERSON)'s stay
at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to
(PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF
PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE
GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON)
since (START DATE)/services received at home from (PROVIDER)
during (MONTH) for (PERSON)}.

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

           PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

            HELP AVAILABLE FOR DEFINITION OF CHARGE.

```
-------------------------------------------------
| DISPLAY '(PERSON)'s stay at (HOSPITAL) that began |
| on (ADMIT DATE)' IF EVENT TYPE IS HS.           |
|                                                 |
| DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT |
| DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN.      |
|                                                 |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED |
| MEDICINE} for (PERSON)' IF EVENT TYPE IS PM.    |
|                                                 |
|   FOR '{NAME OF PRESCRIBED MEDICINE}', DISPLAY THE|
|   NAME OF THE PRESCRIPTION MEDICINE BEING ASKED  |
|   ABOUT FOR THIS EVENT.                          |
|                                                 |
| DISPLAY 'the services for (FLAT FEE GROUP) for   |
| (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT|
| FEE GROUP.                                       |
|                                                 |
| DISPLAY 'the {OME ITEM GROUP NAME} used by       |
| (PERSON) since (START DATE)' IF EVENT TYPE IS OM. |
|                                                 |
| DISPLAY 'services received at home from (PROVIDER)|
| during (MONTH) for (PERSON)' IF EVENT TYPE IS HH. |
|                                                 |
| DISPLAY '{Let's begin with the charges from the  |
| hospital itself, not including any separate      |
| physician services or lab tests.}' IF EVENT TYPE |
| IS HS.                                           |
-------------------------------------------------
```

```
---------------------------------------------------
| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF   |
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
| ABOUT FOR THIS EVENT, AS FOLLOWS:                |
|                                                   |
|   DISPLAY 'glasses or contact lenses' IF THE OM   |
|   ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).  |
|                                                   |
|   DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'   |
|   (INSULIN).                                      |
|                                                   |
|   DISPLAY 'other diabetic equipment or supplies'  |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC     |
|   EQUIPMENT OR SUPPLIES).                         |
|                                                   |
|   DISPLAY 'ambulance services' IF THE OM ITEM     |
|   GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                   |
|   DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|   IS '5' (ORTHOPEDIC ITEMS).                      |
|                                                   |
|   DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|   IS '6' (HEARING DEVICES).                       |
|                                                   |
|   DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|   (PROSTHESES).                                   |
|                                                   |
|   DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|   '8' (BATHROOM AIDS).                            |
|                                                   |
|   DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|   IS '9' (MEDICAL EQUIPMENT).                     |
|                                                   |
|   DISPLAY 'disposable supplies' IF THE OM ITEM    |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).           |
|                                                   |
|   DISPLAY 'alterations or modifications' IF THE OM|
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                   |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|   GROUP IS '91' (OTHER).                          |
|                                                   |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE    |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY    |
|     FIELD FOR THE OM EVENT BEING ASKED ABOUT.     |
---------------------------------------------------
```

```
---------------------------------------------------
| IF PERSON-PROVIDER PAIR FLAGGED AS 'COPAYMENT   |
| SITUATION' FOR THE CURRENT ROUND, AND THIS EVENT-|
| PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP,|
| GO TO CP04                                      |
---------------------------------------------------


---------------------------------------------------
| IF ROUND 3 OR 5 AND IF EVENT TYPE IS OM AND OM  |
| GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE  |
| WITH CP03A. (NOTE THAT ADDITIONAL OM EVENTS CAN |
| BE ENTERED IN ROUNDS 3 AND 5 ONLY.              |
---------------------------------------------------


---------------------------------------------------
| OTHERWISE, GO TO CP05                           |
---------------------------------------------------
```

16

CP03A
=====

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

          Did (PERSON) (or anyone in the family) purchase or rent the
          {OME ITEM GROUP NAME} used by (PERSON)?

          SELECT 'NO CHARGE' IF RESPONDENT VOLUNTEERS OME ITEM GROUP HAD
          NO CHARGE BECAUSE IT WAS BORROWED OR FREE FROM A CHARITY, ETC.

              PURCHASED .... 1 {CP05}
              RENTED .... 2 {CP05}
              NO CHARGE: BORROWED, FREE FROM
                CHARITY/ORGANIZATION, ETC. .... 95 {BOX_26}
              REF .... -7 {CP05}
              DK .... -8 {CP05}

                          [Code One]

          | {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE |
          | OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
          | ABOUT FOR THIS EVENT. |
          | |
          | DISPLAY 'ambulance services' IF THE OM ITEM |
          | GROUP IS '4' (AMBULANCE SERVICES). |
          | |
          | DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
          | IS '5' (ORTHOPEDIC ITEMS). |
          | |
          | DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
          | IS '6' (HEARING DEVICES). |
          | |
          | DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
          | (PROSTHESES). |
          | |
          | DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
          | '8' (BATHROOM AIDS). |
          | |
          | DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
          | IS '9' (MEDICAL EQUIPMENT). |
          | |
          | DISPLAY 'disposable supplies' IF THE OM ITEM |
          | GROUP IS '10' (DISPOSABLE SUPPLIES). |
          | |
          | DISPLAY 'alterations or modifications' IF THE OM|
          | ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
          | |
          | DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
          | GROUP IS '91' (OTHER). |
          | |
          | FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE |
          | TEXT CATEGORY ENTERED IN THE OTHER SPECIFY |

CP04
====

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

Is this the type of situation where (PERSON) (or someone in
the family) only paid the {$ AMT COPAY} copayment for this
visit and (PERSON) (do/does) not know the total charge?

```
     YES ................................... 1 {CP37}
     NO .................................... 2 {CP05}
     REF .................................. -7 {CP05}
     DK ................................... -8 {CP05}
```

HELP AVAILABLE FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

```
     -----------------------------------------------------
     | {$ AMT COPAY}:  DISPLAY THE CP02OV OR CP11OV1      |
     | AMOUNT FLAGGED AS 'COPAYMENT SITUATION' FOR THE    |
     | CURRENT ROUND FOR THIS PERSON-PROVIDER PAIR.       |
     -----------------------------------------------------


     -----------------------------------------------------
     | IF CODED '1' (YES), COPY ALL PREVIOUS COPAYMENT    |
     | CHARGE PAYMENT DATA FOR THE PERSON-PROVIDER PAIR   |
     | TO THIS EVENT-PROVIDER-PAIR.                       |
     -----------------------------------------------------


     -----------------------------------------------------
     | IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
     | KNOW), IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS |
     | PERSON-PROVIDER PAIR FOR THIS EVENT (THAT IS,      |
     | COLLECT CHARGE/PAYMENT INFORMATION FOR THIS EVENT-|
     | PROVIDER PAIR).                                    |
     -----------------------------------------------------


     -----------------------------------------------------
     | IF CODED '1' (YES), GO TO CP37                     |
     -----------------------------------------------------


     -----------------------------------------------------
     | IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
     | KNOW), CONTINUE WITH CP05                          |
     -----------------------------------------------------
```

CP05
====

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

(Have/Has) (PERSON) (or anyone in the family) received
anything in writing, such as a bill, receipt, or statement,
for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/
(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last
purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the
services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP
NAME} used by (PERSON) since (START DATE)/services received at
home from (PROVIDER) during (MONTH) for (PERSON)}?

PROBE: Include anything in writing received by family members
living with (PERSON) as well as those living somewhere else.

```
    YES, AND DOCUMENTATION AVAILABLE ....... 1 {CP08}
    YES, BUT DOCUMENTATION NOT AVAILABLE ... 2 {CP08}
    NO ..................................... 3 {CP06}
    NO, FREE SAMPLE ........................ 4 {CP37}
    REF .................................... -7 {CP06}
    DK ..................................... -8 {CP06}
```

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANYTHING IN WRITING.

```
-----------------------------------------------------
| (PERSON)'s stay at (HOSPITAL) that began on        |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.          |
|                                                     |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):     |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.          |
|                                                     |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}|
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.          |
|                                                     |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME |
|    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT  |
|    FOR THIS EVENT.                                  |
|                                                     |
| the services for (FLAT FEE GROUP) for (PERSON):    |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT   |
| FEE GROUP.                                          |
|                                                     |
| the {OME ITEM GROUP NAME} used by (PERSON) since   |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.          |
|                                                     |
| services received at home from (PROVIDER) during  |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
-----------------------------------------------------
```

```
-----------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|    DISPLAY 'glasses or contact lenses' IF EVENT     |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|    OR CONTACT LENSES).                              |
|                                                     |
|    DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'    |
|    (INSULIN).                                       |
|                                                     |
|    DISPLAY 'other diabetic equipment or supplies'   |
|    IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|    EQUIPMENT OR SUPPLIES).                          |
|                                                     |
|    DISPLAY 'ambulance services' IF THE OM ITEM      |
|    GROUP IS '4' (AMBULANCE SERVICES).               |
|                                                     |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP  |
|    IS '5' (ORTHOPEDIC ITEMS).                       |
|                                                     |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP   |
|    IS '6' (HEARING DEVICES).                        |
|                                                     |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |
|    (PROSTHESES).                                    |
|                                                     |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS  |
|    '8' (BATHROOM AIDS).                             |
|                                                     |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP |
|    IS '9' (MEDICAL EQUIPMENT).                      |
|                                                     |
|    DISPLAY 'disposable supplies' IF THE OM ITEM     |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).             |
|                                                     |
|    DISPLAY 'alterations or modifications' IF THE OM |
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).  |
|                                                     |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|    GROUP IS '91' (OTHER).                           |
|                                                     |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|      FIELD FOR OM EVENTS.                           |
-----------------------------------------------------
```

21

```
-----------------------------------------------------
|  'NO, FREE SAMPLE' IS A RADIO BUTTON BELOW THE     |
|  ENTRY FIELD.                                      |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  DISPLAY NO, FREE SAMPLE RESPONSE CATEGORY AND THE |
|  CORRESPONDING RADIO BUTTON ONLY IF THE EVENT TYPE |
|  OF THE EVENT-PROVIDER PAIR IS PM.                 |
-----------------------------------------------------
```

CP06
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

SHOW CARD CP-1.

Why (have/has) (PERSON) (or anyone in the family) not received
anything in writing?

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

```
        PAID AT TIME OF VISIT ...................  1 {CP08}
        MADE A COPAYMENT .......................  2 {CP08}
        BILL SENT DIRECTLY TO OTHER SOURCE ......  3 {CP07}
        BILL HAS NOT ARRIVED ...................  4 {CP08}
        NO BILL SENT:
           HMO PLAN ............................  5 {BOX_04}
           VA (VETERANS ADMINISTRATION)/CHAMPVA...  6 {BOX_04}
           MILITARY FACILITY ...................  7 {BOX_04}
           PUBLIC ASSISTANCE/MEDICAID/SCHIP ......  8 {BOX_04}
           INDIAN HEALTH SERVICE (IHS) .......... 15 {BOX_04}
           WORKER'S COMPENSATION ................  9 {BOX_04}
           PRIVATE HEALTH CENTER/CLINIC .......... 10 {BOX_04}
           PUBLIC CLINIC/HEALTH CENTER OR PRIVATE
              CHARITY ........................... 11 {BOX_04}
        NO CHARGE:  TELEPHONE CALL ............. 12 {CP37}
        FREE FROM PROVIDER .................... 13 {CP37}
        GOVERNMENT-FINANCED RESEARCH AND
        CLINICAL TRIALS ....................... 14 {CP37}
        INCLUDED WITH OTHER CHARGES ............ 95
        REF ................................... -7 {CP08}
        DK .................................... -8 {CP08}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.

```
-----------------------------------------------------
| BEGINNING IN PANEL 13, ROUND 1, RESPONSE CATEGORY |
| 6 AT CP06 GROUPS VA AND CHAMPVA TOGETHER.         |
|                                                   |
| CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL 12     |
| READS:                                            |
|                                                   |
| 'VA (VETERANS ADMINISTRATION)'                    |
|                                                   |
| CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL        |
| 13 AND BEYOND READS:                              |
|                                                   |
| 'VA (VETERANS ADMINISTRATION)/CHAMPVA'            |
-----------------------------------------------------
```

```
-------------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME     |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT      |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT      |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES  |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'     |
|   (INSULIN).                                        |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM       |
|   GROUP IS '4' (AMBULANCE SERVICES).                |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'    |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC       |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP   |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP    |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7'  |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS   |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP  |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM      |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).              |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM  |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).   |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM  |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE      |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY      |
|     FIELD FOR OM EVENTS.                            |
-------------------------------------------------------
```

```
-------------------------------------------------------
| DISPLAY THE INTERVIEWER INSTRUCTION 'SELECT          |
| "INCLUDED WITH OTHER CHARGES" IF THIS IS A FLAT      |
| FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT       |
| REPRESENT A FLAT FEE. OTHERWISE, USE A NULL          |
| DISPLAY.                                             |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  SHOW CARD FOR CODE '10' WILL READ: 'SCHOOL,  |
| EMPLOYER, OR OTHER PRIVATE HEALTH CENTER/CLINIC'.    |
| THE SHOW CARD FOR CODE '11' WILL INCLUDE THE         |
| FOLLOWING:  '(INCLUDE COMMUNITY AND MIGRANT HEALTH   |
| CENTER, FEDERALLY QUALIFIED HEALTH CENTER, INDIAN    |
| HEALTH SERVICE)'.  THE SHOW CARD FOR CODE '13'       |
| WILL INCLUDE THE FOLLOWING:  '(PROFESSIONAL          |
| COURTESY/FREE SAMPLE)'.  THESE CODES HAVE BEEN       |
| ABBREVIATED TO CONSERVE SPACE ON THE SCREEN.         |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND     |
| THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM,     |
| DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE IS NOT    |
| AVAILABLE FOR A PM EVENT.'                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND     |
| THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT    |
| STEM, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE     |
| IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND     |
| THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE        |
| GROUP, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE    |
| IS NOT AVAILABLE FOR A FLAT FEE GROUP.'              |
-------------------------------------------------------
```

```
-----------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED, AND |
| THE EVENT TYPE IS NOT PM AND EVENT-PROVIDER       |
| PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A     |
| REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.|
-----------------------------------------------------
```

```
-----------------------------------------------------
| INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN     |
| PANEL 12 ROUND 3.  STARTING IN PANEL 13, IT       |
| WILL BE AVAILABLE IN ALL ROUNDS.                  |
-----------------------------------------------------
```

CP07
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

To whom was the bill sent?

RECORD VERBATIM. TO CONTINUE PRESS TAB AND THEN ENTER, OR SELECT
NEXT PAGE.

     [Enter Text] .... {CP07OV1}

```
---------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME  |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT   |
| FOR THIS EVENT.                                   |
|                                                   |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE   |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED    |
| ABOUT FOR THIS EVENT.                             |
|                                                   |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT   |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|   OR CONTACT LENSES).                             |
|                                                   |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'  |
|   (INSULIN).                                      |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM    |
|   GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                   |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC    |
|   EQUIPMENT OR SUPPLIES).                         |
|                                                   |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP|
|   IS '5' (ORTHOPEDIC ITEMS).                      |
|                                                   |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP |
|   IS '6' (HEARING DEVICES).                       |
|                                                   |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7'|
|   (PROSTHESES).                                   |
|                                                   |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS|
|   '8' (BATHROOM AIDS).                            |
|                                                   |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP|
|   IS '9' (MEDICAL EQUIPMENT).                     |
|                                                   |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM   |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).           |
|                                                   |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM|
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                   |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|   GROUP IS '91' (OTHER).                          |
|                                                   |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE   |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY   |
|     FIELD FOR OM EVENTS.                          |
---------------------------------------------------
```

28

CP07OV1
=======

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

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

```
HMO ................................... 1 {BOX_04}
VA (VETERANS ADMINISTRATION)/CHAMPVA.... 2 {BOX_04}
TRICARE .............................. 3 {CP08}
OTHER MILITARY ....................... 4 {BOX_04}
PUBLIC ASSISTANCE/MEDICAID/SCHIP ....... 5 {BOX_04}
INDIAN HEALTH SERVICE (IHS) ............ 8 {BOX_04}
WORKER'S COMPENSATION ................. 6 {BOX_04}
PRIVATE INSURANCE COMPANY ............. 7 {BOX_04}
OTHER ................................ 91 {CP08}
REF .................................. -7 {CP08}
DK ................................... -8 {CP08}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

```
------------------------------------------------------
| INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN      |
| PANEL 12 ROUND 3.  STARTING IN PANEL 13, IT        |
| WILL BE AVAILABLE IN ALL ROUNDS. IT IS DISPLAYED   |
| ON THE PICK LIST BETWEEN PUBLIC ASSISTANCE AND     |
| WORKER'S COMPENSATION.                             |
------------------------------------------------------


------------------------------------------------------
| BEGINNING IN PANEL 13, ROUND 1, THE RESPONSE       |
| CATEGORIES AT CP07OV1 GROUP VA AND CHAMPVA         |
| TOGETHER RATHER THAN TRICARE AND CHAMPVA AS PAST   |
| ROUNDS HAVE DONE.                                  |
|                                                    |
| CATEGORIES 2 AND 3 AT CP07OV1 FOR ALL ROUNDS OF    |
| PANEL 12 READ:                                     |
|                                                    |
|  'VA (VETERANS ADMINISTRATION)'                    |
|  'TRICARE/CHAMPVA'                                 |
|                                                    |
| CATEGORIES 2 AND 3 AT CP07OV1 FOR ALL ROUNDS OF    |
| PANEL 13 AND BEYOND READ:                          |
|                                                    |
|  'VA (VETERANS ADMINISTRATION)/CHAMPVA'            |
|  'TRICARE'                                         |
------------------------------------------------------
```

BOX_04
======

```
     -----------------------------------------------------
    | IF:                                                 |
    | -  EVENT TYPE IS OM, HH, OR PM                      |
    | OR                                                  |
    | -  EVENT TYPE IS HS                                 |
    | OR                                                  |
    | -  THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT       |
    |    FEE GROUP,                                       |
    | GO TO CP11                                          |
     -----------------------------------------------------


     -----------------------------------------------------
    | OTHERWISE, GO TO CP10                               |
     -----------------------------------------------------
```


CP08
====

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

Do you know the **total** charge for {(PERSON)'s stay at
(HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit
to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF
PRESCRIBED MEDICINE} for (PERSON)/the services for
(FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used
by (PERSON) since (START DATE)/services received at home from
(PROVIDER) during (MONTH) for (PERSON)}?

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

```
     YES ...................................... 1 {CP09}
     NO ....................................... 2
     INCLUDED WITH OTHER CHARGES ........... 95
     REF ..................................... -7
     DK ...................................... -8
```

HELP AVAILABLE FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

```
-----------------------------------------------------
| DISPLAY '(PERSON)'s stay at (HOSPITAL) that began |
| on (ADMIT DATE)' IF EVENT TYPE IS HS.             |
|                                                   |
| DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT |
| DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN.        |
|                                                   |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED |
| MEDICINE} for (PERSON)' IF EVENT TYPE IS PM.      |
|                                                   |
|   FOR '{NAME OF PRESCRIBED MEDICINE}', DISPLAY THE|
|   NAME OF THE PRESCRIPTION MEDICINE BEING ASKED   |
|   ABOUT FOR THIS EVENT.                           |
|                                                   |
| DISPLAY 'the services for (FLAT FEE GROUP) for    |
| (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT|
| FEE GROUP.                                        |
|                                                   |
| DISPLAY 'the {OME ITEM GROUP NAME} used by        |
| (PERSON) since (START DATE)' IF EVENT TYPE IS OM. |
|                                                   |
| services received at home from (PROVIDER) during  |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
|                                                   |
| DISPLAY THE INTERVIEWER INSTRUCTION 'SELECT       |
| "INCLUDED WITH OTHER CHARGES" IF THIS IS A FLAT   |
| FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT    |
| REPRESENT A FLAT FEE. OTHERWISE, USE A NULL       |
| DISPLAY.                                          |
-----------------------------------------------------
```

```
-----------------------------------------------------
| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF     |
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED  |
| ABOUT FOR THIS EVENT AS FOLLOWS:                   |
|                                                    |
|   DISPLAY 'glasses or contact lenses' IF EVENT     |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|   OR CONTACT LENSES).                              |
|                                                    |
|   DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'    |
|   (insulin).                                       |
|                                                    |
|   DISPLAY 'other diabetic equipment or supplies'   |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|   EQUIPMENT OR SUPPLIES).                          |
|                                                    |
|   DISPLAY 'ambulance services' IF THE OM ITEM      |
|   GROUP IS '4' (AMBULANCE SERVICES).               |
|                                                    |
|   DISPLAY 'orthopedic items' IF THE OM ITEM GROUP  |
|   IS '5' (ORTHOPEDIC ITEMS).                       |
|                                                    |
|   DISPLAY 'hearing devices' IF THE OM ITEM GROUP   |
|   IS '6' (HEARING DEVICES).                        |
|                                                    |
|   DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |
|   (PROSTHESES).                                    |
|                                                    |
|   DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS  |
|   '8' (BATHROOM AIDS).                             |
|                                                    |
|   DISPLAY 'medical equipment' IF THE OM ITEM GROUP |
|   IS '9' (MEDICAL EQUIPMENT).                      |
|                                                    |
|   DISPLAY 'disposable supplies' IF THE OM ITEM     |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).             |
|                                                    |
|   DISPLAY 'alterations or modifications' IF THE OM |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).  |
|                                                    |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|   GROUP IS '91' (OTHER).                           |
|                                                    |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|     FIELD FOR THE OM EVENT BEING ASKED ABOUT.      |
-----------------------------------------------------
```

```
-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND    |
| THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM,    |
| DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE IS NOT   |
| AVAILABLE FOR A PM EVENT.'                          |
-------------------------------------------------------


-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND    |
| THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE       |
| GROUP, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE   |
| IS NOT AVAILABLE FOR A FLAT FEE GROUP.'             |
-------------------------------------------------------


-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND    |
| THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT   |
| STEM, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE    |
| IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'         |
-------------------------------------------------------


-------------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND    |
| THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER     |
| PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A       |
| REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.  |
-------------------------------------------------------


-------------------------------------------------------
| IF:                                                 |
| CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T      |
| KNOW)                                               |
| AND                                                 |
|  (EVENT TYPE IS OM, HH, OR PM                       |
|  OR                                                 |
|  EVENT TYPE IS HS                                   |
|  OR                                                 |
|  THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE     |
|  GROUP),                                            |
| GO TO CP11                                          |
-------------------------------------------------------


-------------------------------------------------------
| IF:                                                 |
| CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T      |
| KNOW)                                               |
| AND                                                 |
| EVENT TYPE IS ER, OP, MV, OR DN                     |
| GO TO CP10                                          |
-------------------------------------------------------
```

CP09
====

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

How much was the total charge for {(PERSON)'s stay at (HOSPITAL)
that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on
(VISIT DATE)/the last purchase of {NAME OF PRESCRIBED
MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for
(PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since
(START DATE)/services received at home from (PROVIDER) during
(MONTH) for (PERSON)}?

Please include any amounts that may be paid by health insurance
or other sources. {However, please do not include any services
billed for separately such as physician charges or other
services.}

{If charges for procedures such as x-rays, lab tests, or
diagnostic procedures are listed separately on the bill or
statement, include those in the total charge.}

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

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

        AMOUNT .... 1 {CP09OV}
        INCLUDED WITH OTHER CHARGES 95

                        [Code One]

        HELP AVAILABLE FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE
                        AND FLAT FEE.

```
 -----------------------------------------------------
| (PERSON)'s stay at (HOSPITAL) that began on         |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.          |
|                                                     |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):     |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.         |
|                                                     |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}  |
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.          |
|                                                     |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME   |
|    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT   |
|    FOR THIS EVENT.                                  |
|                                                     |
| the services for (FLAT FEE GROUP) for (PERSON):     |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT    |
| FEE GROUP.                                          |
|                                                     |
| the {OME ITEM GROUP NAME} used by (PERSON) since    |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.          |
|                                                     |
| services received at home from (PROVIDER) during    |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.  |
 -----------------------------------------------------


 -----------------------------------------------------
| DISPLAY 'However, please do not include any         |
| services billed for separately such as physician    |
| charges or other services.' IF EVENT TYPE IS HS,    |
| ER, OR OP.  OTHERWISE, USE A NULL DISPLAY.          |
|                                                     |
| DISPLAY 'If charges for procedures such as x-rays,  |
| lab tests, or diagnostic procedures are listed      |
| separately on the bill or statement, include those  |
| in the total charge.' IF CP05 IS CODED '1' (YES,    |
| AND DOCUMENTATION AVAILABLE).  OTHERWISE, USE A     |
| NULL DISPLAY.                                        |
 -----------------------------------------------------


 -----------------------------------------------------
| DISPLAY INTERVIEWER INSTRUCTION 'SELECT "INCLUDED   |
| WITH OTHER CHARGES" IF THIS IS A FLAT FEE           |
| SITUATION' IF EVENT-PROVIDER PAIR DOES NOT          |
| REPRESENT A FLAT FEE GROUP. OTHERWISE, USE A NULL   |
| DISPLAY.                                            |
 -----------------------------------------------------
```

```
-----------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE    |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED     |
| ABOUT FOR THIS EVENT.                             |
|                                                   |
|   DISPLAY 'glasses or contact lenses' IF EVENT    |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|   OR CONTACT LENSES).                             |
|                                                   |
|   DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'   |
|   (INSULIN).                                      |
|                                                   |
|   DISPLAY 'other diabetic equipment or supplies'  |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC     |
|   EQUIPMENT OR SUPPLIES).                         |
|                                                   |
|   DISPLAY 'ambulance services' IF THE OM ITEM     |
|   GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                   |
|   DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|   IS '5' (ORTHOPEDIC ITEMS).                      |
|                                                   |
|   DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|   IS '6' (HEARING DEVICES).                       |
|                                                   |
|   DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|   (PROSTHESES).                                   |
|                                                   |
|   DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|   '8' (BATHROOM AIDS).                            |
|                                                   |
|   DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|   IS '9' (MEDICAL EQUIPMENT).                     |
|                                                   |
|   DISPLAY 'disposable supplies' IF THE OM ITEM    |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).           |
|                                                   |
|   DISPLAY 'alterations or modifications' IF THE OM|
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                   |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|   GROUP IS '91' (OTHER).                          |
|                                                   |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE    |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY    |
|     FIELD FOR OM EVENTS.                          |
-----------------------------------------------------
```

36

```
---------------------------------------------------
|  IF 'INCLUDED WITH OTHER CHARGES' DISPLAY THE    |
|  FOLLOWING MESSAGE:  'THIS CODE IS NOT AVAILABLE  |
|  FOR A PM EVENT.'                                 |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND |
|  THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE    |
|  GROUP, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE |
|  IS NOT AVAILABLE FOR A FLAT FEE GROUP.'          |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND |
|  THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT |
|  STEM, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE |
|  IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'      |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND |
|  THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER  |
|  PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A    |
|  REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.|
---------------------------------------------------
```

CP09OV
======

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

       $ AMOUNT:

         [Enter $ Amount] ....
         REF .... -7
         DK .... -8

```
    --------------------------------------------------
    |  IF THE AMOUNT IS $0, GO TO CP37                |
    --------------------------------------------------


    --------------------------------------------------
    |  IF THE AMOUNT IS NOT $0                        |
    |  AND                                           |
    |   (EVENT TYPE IS OM OR PM                       |
    |   OR                                           |
    |   THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE |
    |   GROUP                                        |
    |   OR                                           |
    |   (EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS |
    |   NOT FLAGGED AS 'SEPARATELY BILLING'))          |
    |  GO TO CP11                                     |
    --------------------------------------------------


    --------------------------------------------------
    |  IF:                                           |
    |  EVENT TYPE IS ER, OP, MV, OR DN                |
    |  AND                                           |
    |  TOTAL CHARGE IS A NON-ZERO WHOLE NUMBER < OR = |
    |  $50.00 OR CP09OV IS CODED '-7' (REFUSED) OR '-8' |
    |  (DON'T KNOW),                                  |
    |  GO TO CP10                                     |
    --------------------------------------------------


    --------------------------------------------------
    |  IF THE AMOUNT IS NOT $0, DK, OR REF AND THE EVENT |
    |  TYPE IS HH, CONTINUE WITH CPO9A               |
    --------------------------------------------------


    --------------------------------------------------
    |  OTHERWISE, GO TO CP11                          |
    --------------------------------------------------
```

```
-------------------------------------------------------
|  SOFT CHECK:                                        |
|  SOFT RANGE CHECK:  $0 - $100,000                   |
|                                                     |
|  HARD CHECK:                                        |
|  AMOUNT CANNOT BE < 0                               |
-------------------------------------------------------
```

CP09A
=====

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

Let me be sure I recorded this correctly. The total charge for
the services received at home from (PROVIDER) **during (MONTH)**
for (PERSON) was {$ AMOUNT}.

Is that correct?

```
    YES ..................................... 1 {CP11}
    NO ...................................... 2
    REF ..................................... -7 {CP11}
    DK ...................................... -8 {CP11}
```

```
-------------------------------------------------------
|  {$ AMOUNT}: DISPLAY AMOUNT ENTERED AT CP09OV.      |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE: |
|  'USE BACKUP TO CORRECT TOTAL CHARGE FOR THIS      |
|  MONTH.'                                            |
-------------------------------------------------------
```

CP10
====

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

Is this a situation in which (PERSON) (are/is) required to pay
a certain set amount each time (PERSON) (visit/visits)
(PROVIDER) regardless of what happens during the visit?

PROBE: For example, is this the type of situation in which
(PERSON) always (make/makes) the same set dollar amount copayment?

    YES .... 1 {CP11}
    NO .... 2 {CP11}
    REF .... -7 {CP11}
    DK .... -8 {CP11}

 HELP AVAILABLE FOR DEFINITION OF SET AMOUNT AND COPAYMENT.

CP11
====

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

How much of the {{AMT TOT CH}/total charge} did anyone in the
family pay for {(PERSON)'s stay at (HOSPITAL) that began on
(ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the
last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/
the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM
GROUP NAME} used by (PERSON) since (START DATE)/services
received at home from (PROVIDER) during (MONTH) for (PERSON)}?
Please include all amounts paid 'out-of-pocket,' that is, amounts
paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR REF, SELECT 'DOLLARS', THEN
ENTER 0, DK, OR RF.

    IS ANSWER IN DOLLARS OR PERCENT?

    DOLLARS .... 1 {CP11OV1}
    PERCENT .... 2 {CP11OV2}

                    [Code One]

    HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

    | {{AMT TOT CH}/total charge}: DISPLAY '{AMT TOT |
    | CH}' IF AN AMOUNT IS GIVEN FOR THE TOTAL CHARGE AT|
    | CP09OV. DISPLAY 'total charge' IF CP08 IS CODED |
    | '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS|
    | NOT ASKED. |
    | |
    | {AMT TOT CH}: DISPLAY THE DOLLAR AMOUNT ENTERED AT|
    | CP09OV. |

```
-----------------------------------------------------
| (PERSON)'s stay at (HOSPITAL) that began on        |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.          |
|                                                     |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):     |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.          |
|                                                     |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}|
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.          |
|                                                     |
|    {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME |
|    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT  |
|    FOR THIS EVENT.                                  |
|                                                     |
| the services for (FLAT FEE GROUP) for (PERSON):    |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT   |
| FEE GROUP.                                          |
|                                                     |
| the {OME ITEM GROUP NAME} used by (PERSON) since   |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.          |
|                                                     |
| services received at home from (PROVIDER) during   |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
-----------------------------------------------------
```

```
------------------------------------------------------
|  {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
|  OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
|  ABOUT FOR THIS EVENT.                              |
|                                                     |
|     DISPLAY 'glasses or contact lenses' IF EVENT    |
|     TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|     OR CONTACT LENSES).                             |
|                                                     |
|     DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'   |
|     (INSULIN).                                      |
|                                                     |
|     DISPLAY 'other diabetic equipment or supplies'  |
|     IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC     |
|     EQUIPMENT OR SUPPLIES).                         |
|                                                     |
|     DISPLAY 'ambulance services' IF THE OM ITEM     |
|     GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                     |
|     DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|     IS '5' (ORTHOPEDIC ITEMS).                     |
|                                                     |
|     DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|     IS '6' (HEARING DEVICES).                      |
|                                                     |
|     DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|     (PROSTHESES).                                  |
|                                                     |
|     DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|     '8' (BATHROOM AIDS).                           |
|                                                     |
|     DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|     IS '9' (MEDICAL EQUIPMENT).                    |
|                                                     |
|     DISPLAY 'disposable supplies' IF THE OM ITEM    |
|     GROUP IS '10' (DISPOSABLE SUPPLIES).           |
|                                                     |
|     DISPLAY 'alterations or modifications' IF THE OM|
|     ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                     |
|     DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|     GROUP IS '91' (OTHER).                         |
|                                                     |
|        FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE   |
|        TEXT CATEGORY ENTERED IN THE OTHER SPECIFY   |
|        FIELD FOR OM EVENTS.                         |
------------------------------------------------------
```

CP11OV1
=======

```
                {PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
                PROVIDER} {EV} {EVN-DT/REF-DT}
                {REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP}/FLAT FEE
                GROUP:  {NAME OF FLAT FEE EVENT GROUP}}

                DOLLARS:

                   [Enter $ Amount] ........................  {BOX_05}
                   REF ................................... -7 {BOX_05}
                   DK ................................... -8 {BOX_05}

                HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.


                 ----------------------------------------------------
                 |  WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-     |
                 |  PAYMENT-ROSTER.                                 |
                 ----------------------------------------------------


                 ----------------------------------------------------
                 |  WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF- |
                 |  PAYMENT-ROSTER.                                 |
                 ----------------------------------------------------


                 ----------------------------------------------------
                 |  HARD RANGE CHECK:                               |
                 |  $0 - $999,999                                   |
                 ----------------------------------------------------
```

CP11OV2
=======

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

PERCENT:

    [Enter Percent %] .... {BOX_05}

  HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.


```
 -------------------------------------------------
| MULTIPLY THE PERCENTAGE ENTERED BY THE TOTAL    |
| CHARGE ENTERED AT CP09 TO CALCULATE THE AMOUNT  |
| PAID BY THE FAMILY AT CP11.                     |
 -------------------------------------------------
```


```
 -------------------------------------------------
| IF CP09 IS CODED '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE   |
| CALCULATED.  RECORD DOLLAR AMOUNT PAID BY       |
| PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.  |
 -------------------------------------------------
```


```
 -------------------------------------------------
| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-     |
| PAYMENT-ROSTER.                                 |
 -------------------------------------------------
```


```
 -------------------------------------------------
| WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF- |
| PAYMENT-ROSTER.                                 |
 -------------------------------------------------
```


```
 -------------------------------------------------
| SOFT CHECK:  1% - 100%.                         |
|                                                 |
| HARD CHECK:                                     |
| IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: 0, DK, RF ARE NOT ALLOWED ON THIS      |
| SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF. |
 -------------------------------------------------
```

BOX_05
======

```
          -----------------------------------------------------
          | IF:                                               |
          | CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED) OR '-8'|
          | (DON'T KNOW)                                      |
          | AND                                              |
          | CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
          | (DON'T KNOW)                                      |
          | AND                                              |
          | CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
          | (DON'T KNOW),                                     |
          | DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT |
          | RESOLUTION WILL BE NEEDED FOR THIS CASE.          |
          | CONTINUE.' THEN GO TO CP37                        |
          -----------------------------------------------------


          -----------------------------------------------------
          | OTHERWISE, CONTINUE WITH CP12                     |
          -----------------------------------------------------
```


LOOP_01
=======
          OMITTED.

BOX_LP01
========
          OMITTED.

CP12
====

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

Has any {other} source already paid {(PROVIDER)} for any of the
charges for {(PERSON)'s stay at (HOSPITAL) that began on
(ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the
last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/
the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM
GROUP NAME} used by (PERSON) since (START DATE)/for services
received at home from (PROVIDER) during (MONTH) for (PERSON)}?

```
    YES ................................... 1 {CP12A}
    NO .................................... 2 {BOX_06}
    REF .................................. -7 {BOX_06}
    DK ................................... -8 {BOX_06}
```

HELP AVAILABLE FOR A DEFINITION OF SOURCE AND 'ALREADY PAID'.


```
 ------------------------------------------------------
| DISPLAY 'OTHER' IN THE QUESTION TEXT IF AN AMOUNT |
| WAS PAID BY PERSON/FAMILY; THAT IS, AN AMOUNT > $0|
| OR 0% WAS ENTERED AT CP11OV1 OR CP11OV2. OTHERWISE|
| USE A NULL DISPLAY.                               |
 ------------------------------------------------------


 ------------------------------------------------------
| DISPLAY '(PROVIDER)' IN THE QUESTION TEXT IF       |
| EVENT TYPE IS NOT PM OR OM. IF EVENT TYPE IS PM OR|
| OM, USE A NULL DISPLAY.                            |
 ------------------------------------------------------
```

```
-----------------------------------------------------
| DISPLAY '(PERSON)'s stay at (HOSPITAL) that began |
| on (ADMIT DATE)' IF EVENT TYPE IS HS.             |
|                                                   |
| DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT |
| DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN.        |
|                                                   |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED |
| MEDICINE} for (PERSON)' IF EVENT TYPE IS PM.      |
|                                                   |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE      |
|    NAME OF THE PRESCRIPTION MEDICINE BEING ASKED  |
|    ABOUT FOR THIS EVENT.                          |
|                                                   |
| DISPLAY 'the services for (FLAT FEE GROUP) for    |
| (PERSON)' IF EVENT-PROVIDER PAIR REPRESENTS A FLAT|
| FEE GROUP.                                        |
|                                                   |
| DISPLAY 'the {OME ITEM GROUP NAME} used by        |
| (PERSON) since (START DATE)' IF EVENT TYPE IS OM. |
|                                                   |
| DISPLAY 'the services received at home from       |
| (PROVIDER) during (MONTH) for (PERSON)' IF EVENT  |
| TYPE IS HH.                                        |
-----------------------------------------------------
```

```
-----------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|    DISPLAY 'glasses or contact lenses' IF EVENT     |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|    OR CONTACT LENSES).                              |
|                                                     |
|    DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'    |
|    (INSULIN).                                       |
|                                                     |
|    DISPLAY 'other diabetic equipment or supplies'   |
|    IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|    EQUIPMENT OR SUPPLIES).                          |
|                                                     |
|    DISPLAY 'ambulance services' IF THE OM ITEM      |
|    GROUP IS '4' (AMBULANCE SERVICES).              |
|                                                     |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|    IS '5' (ORTHOPEDIC ITEMS).                       |
|                                                     |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|    IS '6' (HEARING DEVICES).                        |
|                                                     |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|    (PROSTHESES).                                    |
|                                                     |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|    '8' (BATHROOM AIDS).                             |
|                                                     |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|    IS '9' (MEDICAL EQUIPMENT).                      |
|                                                     |
|    DISPLAY 'disposable supplies' IF THE OM ITEM     |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).            |
|                                                     |
|    DISPLAY 'alterations or modifications' IF THE OM|
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                     |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|    GROUP IS '91' (OTHER).                          |
|                                                     |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|      FIELD FOR OM EVENTS.                           |
-----------------------------------------------------
```

49

CP12A
=====

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

{NAME OF PRESCRIBED MEDICINE}   {OME ITEM GROUP NAME}

Who else paid? PROBE: Anyone else?

        [1. Name of Source of Direct Payment-35]
        [2. Name of Source of Direct Payment-35]
        [3. Name of Source of Direct Payment-35]

```
-----------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME    |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT     |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT     |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'    |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'   |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM      |
|   GROUP IS '4' (AMBULANCE SERVICES).               |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP  |
|   IS '5' (ORTHOPEDIC ITEMS).                       |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP   |
|   IS '6' (HEARING DEVICES).                        |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7' |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS  |
|   '8' (BATHROOM AIDS).                             |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP |
|   IS '9' (MEDICAL EQUIPMENT).                      |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM     |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).            |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|   GROUP IS '91' (OTHER).                           |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|     FIELD FOR OM EVENTS.                            |
-----------------------------------------------------
```

```
-----------------------------------------------------
| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-  |
| PAYMENTS-ROSTER.                                    |
-----------------------------------------------------
```

```
-----------------------------------------------------
| CONTINUE WITH CP13                                |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_SOP_2                                   |
|                                                   |
| COL # 1 HEADER: PAYMENT SOURCE                    |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME         |
| (SRCS.SRCNAME)                                    |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR      |
| SELECTION.                                        |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
|                                                   |
| 2. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS A    |
|    LINK "ADD A SOURCE OF PAYMENT" THAT THE        |
|    INTERVIEWER CAN SELECT. SELECTING THE LINK     |
|    DISPLAYS A POP-UP WITH A TEXT ENTRY FIELD AND A |
|    SELECTABLE LIST OF 15 COMMON SOURCES OF PAYMENT.|
|    (SEE BOX_00 FOR A DETAILED LIST). THE INTERVIEWER|
|    CAN TYPE A NEW SOURCE OR SELECT ONE FROM THE   |
|    LIST. UPON RETURN TO CP12A, THE ADDED SOURCE WILL|
|    APPEAR ON THE ROSTER AS SELECTED.              |
|                                                   |
| 3. 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.'                                      |
|                                                   |
| 4. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN,  |
|    DISPLAY THE STANDARD WVS INSTRUCTION: "EITHER THE |
|    ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP |
|    ANY CHOICES."                                  |
|                                                   |
| 5. PERSON/FAMILY IS FOR DISPLAY ONLY. THIS SOURCE |
|    IS AUTOMATICALLY SELECTED.                     |
-----------------------------------------------------
```

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-----------------------------------------------------
|  ROSTER FILTER:                                   |
|  DISPLAY ALL SOURCES OF PAYMENT.                  |
 -----------------------------------------------------
```

CP13
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.

TOTAL CHARGE: {$XXXXXXXXX}

ROSTER. SOURCE OF PAYMENT	CP13_02. DOLLAR AMOUNT PAID	CP13_03. PERCENT AMOUNT PAID
PERSON/Family	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter $ Amount]	[Enter % Amount]
[Display Source of Payment]	[Enter $ Amount]	[Enter % Amount]

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

```
--------------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.    |
--------------------------------------------------


--------------------------------------------------
| DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF   |
| PAYMENT.                                         |
|                                                  |
| DISPLAY THE RESPONSE TO CP11 IN THE 'DOLLAR AMOUNT|
| PAID' OR 'PERCENT AMOUNT PAID' COLUMN FOR        |
| PERSON/FAMILY.  THAT IS, IF THE RESPONSE TO CP11 |
| IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE   |
| 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO  |
| CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE     |
| AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN.  IF  |
| THE DOLLAR AMOUNT AT CP11 IS CODED '-8'          |
| (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH |
| COLUMNS.  IF DOLLAR AMOUNT AT CP11 IS CODED '-7' |
| (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH  |
| COLUMNS.                                         |
--------------------------------------------------
```

```
----------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME  |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT   |
| FOR THIS EVENT.                                   |
|                                                   |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE   |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED    |
| ABOUT FOR THIS EVENT.                             |
|                                                   |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT   |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|   OR CONTACT LENSES).                             |
|                                                   |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'  |
|   (INSULIN).                                      |
|                                                   |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC    |
|   EQUIPMENT OR SUPPLIES).                         |
|                                                   |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM    |
|   GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                   |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP|
|   IS '5' (ORTHOPEDIC ITEMS).                     |
|                                                   |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP |
|   IS '6' (HEARING DEVICES).                      |
|                                                   |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7'|
|   (PROSTHESES).                                   |
|                                                   |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS|
|   '8' (BATHROOM AIDS).                           |
|                                                   |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP|
|   IS '9' (MEDICAL EQUIPMENT).                    |
|                                                   |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM   |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).           |
|                                                   |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM|
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                   |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|   GROUP IS '91' (OTHER).                         |
|                                                   |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE   |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY   |
|     FIELD FOR OM EVENTS.                         |
----------------------------------------------------


----------------------------------------------------
|  FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS      |
|  'DIRECT PAYMENT'.                               |
----------------------------------------------------
```

```
-------------------------------------------------------
| FEATURES OF THE SOURCE OF PAYMENT MATRIX:           |
|                                                     |
| 1.   INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO  |
|      MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT    |
|      COLUMN ASSOCIATED WITH THAT SOURCE.            |
|      INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO |
|      MOVE BETWEEN SOURCES.                          |
| 2.   SOURCE COLUMN IS PROTECTED.  CURSOR WILL NOT   |
|      ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED   |
|      TO SOURCES AT THIS SCREEN.                     |
| 3.   INTERVIEWER ENTERS EITHER A DOLLAR OR A        |
|      PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.   |
|      AMOUNTS CAN BE CHANGED AS MANY TIMES AS        |
|      NECESSARY BEFORE THE INTERVIEWER LEAVES THE    |
|      SCREEN.                                        |
| 4.   THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE   |
|      CHANGED OR CORRECTED. NOTE THAT THE SCREEN     |
|      WILL REQUIRE AN AMOUNT FOR PERSON/FAMILY IN    |
|      THE DOLLAR COLUMN IN ORDER TO PROCEED.  THIS   |
|      DOLLAR AMOUNT MAY BE ENTERED BY THE            |
|      INTERVIEWER OR CALCULATED BY CAPI BASED ON %   |
|      OF TOTAL CHARGE WHERE TOTAL CHARGE IS KNOWN.   |
| 5.   WHEN CURSOR LEAVES THE CELL AND A DOLLAR OR    |
|      PERCENTAGE AMOUNT HAS BEEN ENTERED AND THERE   |
|      IS A TOTAL CHARGE, THE RECIPROCAL AMOUNT WILL  |
|      BE DISPLAYED.  FOR EXAMPLE, IF THE             |
|      INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR    |
|      AMOUNT WILL BE CALCULATED USING THE TOTAL      |
|      CHARGE.  THIS DOLLAR AMOUNT WOULD THEN BE      |
|      DISPLAYED IN THE DOLLAR AMOUNT PAID COLUMN     |
|      (NEXT TO THE PERCENT AMOUNT PAID COLUMN).      |
| 6.   IF A SOURCE IS ENTERED IN ERROR, THE          |
|      INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.     |
| 7.   INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER  |
|      DIRECT PAYMENTS MADE TO THE PROVIDER AT THIS   |
|      SCREEN.                                        |
-------------------------------------------------------


-------------------------------------------------------
| SOFT CHECK:                                         |
| $0 - $10,000                                        |
-------------------------------------------------------


-------------------------------------------------------
| CONTINUE WITH BOX_06                                |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DETAILS:                                     |
|  TITLE: EVNT_SOP_1                                   |
|                                                      |
|  COL # 1 HEADER: SOURCE OF PAYMENT                   |
|  INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME           |
|  (PAYM.REIMNAM/PAYF.REIMNAM)                         |
|                                                      |
|  COL # 2 HEADER: DOLLAR AMOUNT PAID                  |
|  INSTRUCTIONS: ENTER $ AMOUNT PAID                   |
|  (PAYM.AMTPAID/PAYF.AMTPAID)                         |
|                                                      |
|  COL # 3 HEADER: PERCENT AMOUNT PAID                 |
|  INSTRUCTIONS: ENTER % AMOUNT PAID                   |
|  (PAYM.PCTPAID/PAYF.PCTPAID)                         |
-------------------------------------------------------


-------------------------------------------------------
|  ROSTER DEFINITION:                                  |
|  DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR   |
|  ENTRY.                                              |
-------------------------------------------------------


-------------------------------------------------------
|  ROSTER BEHAVIOR:                                    |
|  1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE       |
|  ALLOWED TO SOURCES AT THIS SCREEN.                  |
|                                                      |
|  2. THE PERSON/FAMILY AMOUNT MAY BE CHANGED OR       |
|  CORRECTED.                                          |
|                                                      |
|  3. THE INTERVIEWER CAN ENTER A DOLLAR OR A          |
|  PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.        |
|                                                      |
|  4. THE AMOUNT PAID COLUMNS CAN BE CHANGED AS MANY   |
|  TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES    |
|  THE SCREEN.                                         |
|                                                      |
|  5. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN    |
|  ENTERED AND THERE IS A TOTAL CHARGE, THE            |
|  RECIPROCAL AMOUNT WILL BE DISPLAYED.  FOR EXAMPLE,  |
|  IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR  |
|  AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE.   |
|                                                      |
|  6. IF A SOURCE IS ENTERED IN ERROR, THE             |
|  INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ALL SOURCES SELECTED AT CP12A FOR THIS      |
| EVENT-PROVIDER PAIR AND THE 'PERSON/FAMILY'         |
| RECORD.                                             |
-------------------------------------------------------
```

CP13OV
======

       OMITTED.

END_LP01
========

       OMITTED.

BOX_06
======

```
-------------------------------------------------------
| IF 'AMOUNT PAID' BY PERSON/FAMILY > $0, CONTINUE  |
| WITH CP14                                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE, GO TO BOX_07                             |
-------------------------------------------------------
```

LOOP_02
=======

       OMITTED.

BOX_LP02
========

       OMITTED.

CP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT} {NAME OF PMED}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE
GROUP: {NAME OF FLAT FEE EVENT GROUP}}

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Has any source reimbursed or paid back anything to (PERSON) (or
anyone in the family) for the amount paid 'out-of-pocket'?
That is, has any source reimbursed any of the {$/% FAMILY PAID}
paid?

        YES .... 1 {CP14A}
        NO .... 2 {BOX_07}
        REF .... -7 {BOX_07}
        DK .... -8 {BOX_07}

    HELP AVAILABLE FOR DEFINITION OF SOURCE AND REIMBURSEMENT.

```
-------------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME     |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT      |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT      |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES  |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'     |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'    |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC       |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM       |
|   GROUP IS '4' (AMBULANCE SERVICES).                |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP   |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP    |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7'  |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS   |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP  |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM      |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).              |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM  |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).   |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM  |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE      |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY      |
|     FIELD FOR OM EVENTS.                            |
-------------------------------------------------------
-------------------------------------------------------
| {$/% FAMILY PAID}: DISPLAY THE FAMILY DOLLAR        |
| AMOUNT PAID IF CP11 IS CODED '1' (DOLLARS).         |
| DISPLAY THE FAMILY PERCENT AMOUNT PAID IF CP11 IS   |
| CODED '2' (PERCENT).                                |
-------------------------------------------------------
```

CP14A
=====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

Who reimbursed or paid anyone in the family back?

PROBE: Anyone else?

        [1. Name of Source of Reimbursement-35]
        [2. Name of Source of Reimbursement-35]
        [3. Name of Source of Reimbursement-35]

```
------------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME    |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT     |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT     |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'    |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'   |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM      |
|   GROUP IS '4' (AMBULANCE SERVICES).                |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP  |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP   |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7' |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS  |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM     |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).              |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).  |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|     FIELD FOR OM EVENTS.                            |
------------------------------------------------------


------------------------------------------------------
| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-  |
| PAYMENTS-ROSTER.                                    |
------------------------------------------------------
```

```
-------------------------------------------------------
|  NOTE:  SOURCES OF PAYMENTS AND SOURCES OF          |
|  REIMBURSEMENTS ARE SELECTED FROM THE SAME RU LEVEL|
|  ROSTER OF SOURCES AND ROSTER BEHAVIOR IS THE SAME.|
-------------------------------------------------------
```

```
-------------------------------------------------------
|  CONTINUE WITH CP15                                 |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DETAILS:                                    |
|  TITLE: RU_SOP_2                                    |
|                                                     |
|  COL # 1 HEADER: REIMBURSEMENT SOURCE               |
|  INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME    |
|  (SRCS.SRCNAME)                                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER DEFINITION:                                 |
|  DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR       |
|  SELECTION.                                         |
-------------------------------------------------------
```

```
---------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE ADD AND MULTIPLE SELECT ALLOWED.      |
|                                                   |
| 2. ADD ALLOWED. THE SCREEN DISPLAYS A LINK "ADD A |
| SOURCE OF PAYMENT" THAT THE INTERVIEWER CAN       |
| SELECT. SELECTING THE LINK DISPLAYS A POP-UP WITH |
| A TEXT ENTRY FIELD AND A SELECTABLE LIST OF 15    |
| COMMON SOURCES OF PAYMENT. (SEE BOX_00 FOR A      |
| DETAILED LIST). THE INTERVIEWER CAN TYPE A NEW    |
| SOURCE OR SELECT ONE FROM THE LIST. UPON RETURN TO|
| CP14A, THE ADDED SOURCE WILL APPEAR ON THE ROSTER |
| AS SELECTED.                                      |
|                                                   |
| 3. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE    |
| SOURCE OF PAYMENT.                                |
|                                                   |
| 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.'                                         |
|                                                   |
| 5. LIMITED EDIT ALLOWED. IF INTERVIEWER ADDS A    |
| SOURCE OF PAYMENT, EDITING IS POSSIBLE FOR THAT   |
| SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT   |
| LEFT THE SCREEN. IF EDIT IS ATTEMPTED WHEN IT IS  |
| NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR    |
| MESSAGE: 'EDIT ALLOWED ONLY WHEN SOURCE FIRST     |
| ENTERED.'                                         |
|                                                   |
| 6. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN,  |
| DISPLAY THE STANDARD WVS INSTRUCTION: "EITHER THE |
| ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP  |
| ANY CHOICES."                                     |
---------------------------------------------------


---------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL SOURCES OF PAYMENT ON THE ROSTER      |
| EXCEPT PERSON/FAMILY.                             |
---------------------------------------------------
```

CP15
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

How much did (SOURCE) reimburse or pay anyone in the family
back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.

PERSON/FAMILY PAYMENT: {$XXXXXXXXX}   TOTAL CHARGE: {$XXXXXXXXX}

ROSTER. SOURCE OF REIMBURSEMENT	CP15_02. DOLLAR AMOUNT REIMBURSED	CP15_03. PERCENT AMOUNT REIMBURSED
[Display Source of Reimbursement]	[Enter $ Amount]	[Enter % Amount]
[Display Source of Reimbursement]	[Enter $ Amount]	[Enter % Amount]

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

```
-----------------------------------------------------
|  TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.     |
-----------------------------------------------------
```

```
-----------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME    |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT     |
| FOR THIS EVENT.                                    |
|                                                    |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
| ABOUT FOR THIS EVENT.                              |
|                                                    |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT     |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|   OR CONTACT LENSES).                              |
|                                                    |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'    |
|   (INSULIN).                                       |
|                                                    |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'   |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|   EQUIPMENT OR SUPPLIES).                          |
|                                                    |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM      |
|   GROUP IS '4' (AMBULANCE SERVICES).               |
|                                                    |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP  |
|   IS '5' (ORTHOPEDIC ITEMS).                       |
|                                                    |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP   |
|   IS '6' (HEARING DEVICES).                        |
|                                                    |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7' |
|   (PROSTHESES).                                    |
|                                                    |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS  |
|   '8' (BATHROOM AIDS).                             |
|                                                    |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP |
|   IS '9' (MEDICAL EQUIPMENT).                      |
|                                                    |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM     |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).             |
|                                                    |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).  |
|                                                    |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|   GROUP IS '91' (OTHER).                           |
|                                                    |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|     FIELD FOR OM EVENTS.                           |
-----------------------------------------------------
-----------------------------------------------------
| PERSON/FAMILY PAYMENT:  {$XXXXXXXXX}: DISPLAY THE  |
| DOLLAR AMOUNT ENTERED AT CP11OV1 IF CP11 IS CODED  |
| '1' (DOLLARS). DISPLAY THE PERCENT AMOUNT ENTERED  |
| AT CP11OV2 IF CP11 IS CODED '2' (PERCENT).         |
-----------------------------------------------------
```

```
------------------------------------------------------
| TOTAL CHARGE:  {$XXXXXXXXX}: DISPLAY THE AMOUNT    |
| ENTERED AT CP09OV. IF CP08 IS CODED '2' (NO), '-8'|
| (DON'T KNOW), OR IF CP09 IS CODED '-8' (DON'T     |
| KNOW), DISPLAY 'UNKNOWN' FOR {$XXXXXXXXX}. IF CP08|
| IS CODED '-7' (REFUSED) OR IF CP09 IS CODED '-7'  |
| (REFUSED), DISPLAY 'REFUSED' FOR {$XXXXXXXXX}.     |
------------------------------------------------------


------------------------------------------------------
| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS         |
| 'REIMBURSEMENT'.                                   |
------------------------------------------------------


------------------------------------------------------
| SOFT CHECK:                                        |
| 0 - 999999                                         |
------------------------------------------------------


------------------------------------------------------
| ROSTER DETAILS:                                    |
| TITLE: EVNT_SOP_1                                  |
|                                                    |
| COL # 1 HEADER: SOURCE OF PAYMENT                  |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME          |
| (PAYM.REIMNAM/PAYF.REIMNAM)                        |
|                                                    |
| COL # 2 HEADER: DOLLAR AMOUNT PAID                 |
| INSTRUCTIONS: ENTER $ AMOUNT PAID                  |
| (PAYM.AMTPAID/PAYF.AMTPAID)                        |
|                                                    |
| COL # 3 HEADER: PERCENT AMOUNT PAID                |
| INSTRUCTIONS: ENTER % AMOUNT PAID                  |
| (PAYM.PCTPAID/PAYF.PCTPAID)                        |
------------------------------------------------------


------------------------------------------------------
| ROSTER DEFINITION:                                 |
| DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR  |
| SELECTION.                                         |
------------------------------------------------------
```

```
--------------------------------------------------------
| ROSTER BEHAVIOR:                                     |
| 1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE        |
| ALLOWED TO SOURCES AT THIS SCREEN.                   |
|                                                      |
| 2. THE INTERVIEWER CAN ENTER A DOLLAR OR A           |
| PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.         |
|                                                      |
| 3. THE AMOUNT PAID COLUMNS CAN BE CHANGED AS MANY    |
| TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES     |
| THE SCREEN.                                          |
|                                                      |
| 4. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN     |
| ENTERED AND THERE IS A TOTAL CHARGE, THE             |
| RECIPROCAL AMOUNT WILL BE DISPLAYED.  FOR EXAMPLE,|
| IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR|
| AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE.    |
|                                                      |
| 5. IF A SOURCE IS ENTERED IN ERROR, THE              |
| INTERVIEWER WILL ZERO OUT THE AMOUNT PAID. IF THE    |
| TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE|
| AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS      |
| THE MESSAGE 'SHOULD THIS ANSWER BE ACCEPTED OR       |
| CHANGED?' IF THE INTERVIEWER REENTERS THE SAME       |
| AMOUNTS, CAPI WILL ACCEPT IT.                        |
|                                                      |
| 6. INTERVIEWERS WILL BE INSTRUCTED TO ENTER ONLY     |
| REIMBURSEMENTS MADE TO THE FAMILY AT THIS SCREEN.    |
|                                                      |
| 7. THE SAME SOURCE CAN BE FLAGGED AS BOTH A          |
| REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE         |
| AMOUNT OF THE DIRECT PAYMENT WILL PLAY INTO THE      |
| RESOLUTION PROCESS.                                  |
|                                                      |
| 8. POST DATA COLLECTION EDITING WILL BE NECESSARY    |
| TO DETERMINE THE NET PAYMENTS OF SOURCES.            |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER FILTER:                                       |
| DISPLAY ALL SOURCES SELECTED AT CP14A FOR THIS       |
| EVENT-PROVIDER PAIR.                                 |
--------------------------------------------------------


--------------------------------------------------------
| CONTINUE WITH BOX_07                                 |
--------------------------------------------------------
```

CP15OV
======
        OMITTED.

END_LP02
========
            OMITTED.

BOX_07
======

                 | GO TO BOX_11 |

BOX_08
======
            OMITTED.

CP16
====
            OMITTED.

CP17
====
            OMITTED.

CP17OV1
=======
            OMITTED.

CP17OV2
=======
            OMITTED.

BOX_11
======

```
-----------------------------------------------------
| IF CP14 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'|
| (DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO   |
| BOX_09                                            |
-----------------------------------------------------
```

```
-----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_10                   |
-----------------------------------------------------
```

```
-----------------------------------------------------
| NOTE:  THIS BOX SKIPS PEOPLE OVER CP18 (EXPECT    |
| ANY REIMBURSEMENT) FOR INDIVIDUALS WHO HAVE       |
| ALREADY TOLD US THAT THE PAYMENT WAS A COPAYMENT  |
| (CP10 IS CODED '1') AND THEY HAVE NOT BEEN        |
| REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED     |
| '2', '-7', OR '-8').                              |
-----------------------------------------------------
```

BOX_10
======

```
-----------------------------------------------------
| IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE |
| WITH CP18                                         |
-----------------------------------------------------
```

```
-----------------------------------------------------
| OTHERWISE, GO TO BOX_09                           |
-----------------------------------------------------
```

CP18
====

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

Do you expect any {other} source to reimburse anyone in the
family for what has been paid?

        YES .... 1 {CP19}
        NO .... 2 {BOX_09}
        REF .... -7 {BOX_09}
        DK .... -8 {BOX_09}

         HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

         | DISPLAY 'other' IF CP14 IS CODED '1' (YES). |
         | OTHERWISE, USE A NULL DISPLAY. |

CP19
====

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

How much does anyone in the family expect to be reimbursed?

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

        DOLLARS .... 1 {CP19OV1}
        PERCENT .... 2 {CP19OV2}

                        [Code One]

CP19OV1
=======

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
          PROVIDER} {EV} {EVN-DT/REF-DT}
          {REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP}/FLAT FEE
          GROUP:  {NAME OF FLAT FEE EVENT GROUP}}

          DOLLARS:

              [Enter $ Amount] .......................  {CP20}
              REF ................................... -7 {CP20}
              DK ................................... -8 {CP20}


              ----------------------------------------------------
              |  SOFT CHECK:                                     |
              |  SOFT RANGE CHECK:  $0 - $10,000                 |
              ----------------------------------------------------
```

CP19OV2
=======

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
          PROVIDER} {EV} {EVN-DT/REF-DT}
          {REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP}/FLAT FEE
          GROUP:  {NAME OF FLAT FEE EVENT GROUP}}

          PERCENT:

              [Enter % Amount] .......................  {CP20}
              REF ................................... -7 {CP20}
              DK ................................... -8 {CP20}


              ----------------------------------------------------
              |  SOFT CHECK:                                     |
              |  SOFT RANGE CHECK:  1% - 100%                    |
              ----------------------------------------------------
```

72

CP20
====

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

From whom do you expect these reimbursements to come?

IF MORE THAN ONE SOURCE OF REIMBURSEMENT, PROBE FOR THE MAIN
SOURCE (I.E., THE SOURCE REIMBURSING THE MOST).

    [1. Name of Source of Direct Payment-35]
    [2. Name of Source of Direct Payment-35]
    [3. Name of Source of Direct Payment-35]

[Code One]

```
 ---------------------------------------------------
|  WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF- |
|  PAYMENTS-ROSTER.                                  |
 ---------------------------------------------------


 ---------------------------------------------------
|  CONTINUE WITH BOX_09                             |
 ---------------------------------------------------


 ---------------------------------------------------
|  ROSTER DETAILS:                                  |
|  TITLE: RU_SOP_2                                  |
|                                                   |
|  COL # 1 HEADER: REIMBURSEMENT SOURCE             |
|  INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME  |
|  (SRCS.SRCNAME)                                   |
 ---------------------------------------------------


 ---------------------------------------------------
|  ROSTER DEFINITION:                               |
|  DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR     |
|  SELECTION.                                       |
 ---------------------------------------------------
```

```
----------------------------------------------------
| ROSTER BEHAVIOR:                                 |
|                                                  |
| 1. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS AN  |
| "ADD SOURCES" OPTION. SELECTING THE OPTION       |
| DISPLAYS A POP-UP WITH A TEXT ENTRY FIELD AND A  |
| SELECTABLE LIST OF 15COMMON SOURCES OF PAYMENT.  |
| (SEE BOX_00 FOR A DETAILED LIST). THE INTERVIEWER|
| CAN TYPE A NEW SOURCE OR SELECT ONE FROM THE LIST.|
| UPON RETURN TO CP20, THE ADDED SOURCE WILL       |
| APPEAR ON THE ROSTER AS SELECTED.                |
|                                                  |
| 2. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE   |
| SOURCE OF PAYMENT.                               |
|                                                  |
| 3. 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.                                 |
|                                                  |
| 4. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, |
| DISPLAY THE STANDARD WVS INSTRUCTION: "EITHER THE|
| ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP |
| ANY CHOICES."                                    |
----------------------------------------------------


----------------------------------------------------
| ROSTER FILTER:                                   |
| DISPLAY ALL SOURCES OF PAYMENT ON THE ROSTER     |
| EXCEPT PERSON/FAMILY.                            |
----------------------------------------------------
```

BOX_09
======

```
----------------------------------------------------
| DETERMINE IF THERE IS AN OVERPAYMENT OR          |
| UNDERPAYMENT:  SUBTRACT THE TOTAL PAYMENT FROM   |
| THE TOTAL CHARGE AT CP09.  IF THE ABSOLUTE VALUE |
| OF THE REMAINDER IS > 3% OR $5 (WHICHEVER IS     |
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH BOX_12|
----------------------------------------------------


----------------------------------------------------
| OTHERWISE, DISPLAY THE FOLLOWING MESSAGE:  'NO   |
| CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE.  |
| PRESS ENTER TO CONTINUE.' THEN GO TO CP37        |
----------------------------------------------------
```

74

BOX_12
======

```
 -------------------------------------------------------
| IF CP09OV (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY      |
| SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY,    |
| BUT EXCLUDING REIMBURSEMENTS) IS CODED '-7'           |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE           |
| FOLLOWING MESSAGE:  'NO CHARGE-PAYMENT RESOLUTION     |
| NEEDED FOR THIS CASE.  PRESS ENTER TO CONTINUE.'      |
| THEN GO TO CP37                                       |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_13                       |
 -------------------------------------------------------
```

BOX_13
======

```
 -------------------------------------------------------
| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS       |
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21       |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| IF THE OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS        |
| HIGHER) OF THE TOTAL CHARGE, GO TO CP26               |
 -------------------------------------------------------
```

CP21
====

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

Does anyone in the family **or** any other source expect to make
additional payments for {(PERSON)'s stay at (HOSPITAL) that
began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT
DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for
(PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME
ITEM GROUP NAME} used by (PERSON) since (START DATE)/services
received at home from (PROVIDER) during (MONTH) for (PERSON)}?

```
        YES .................................... 1 {CP22}
        NO ..................................... 2 {CP24}
        REF ................................... -7 {CP24}
        DK ................................... -8 {CP24}
```

```
    -----------------------------------------------------
    | (PERSON)'s stay at (HOSPITAL) that began on         |
    | (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.          |
    |                                                     |
    | (PERSON)'s visit to (PROVIDER) on (VISIT DATE):     |
    | DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.         |
    |                                                     |
    | the last purchase of {NAME OF PRESCRIBED MEDICINE}  |
    | for (PERSON): DISPLAY IF EVENT TYPE IS PM.          |
    |                                                     |
    |   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME   |
    |    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT   |
    |    FOR THIS EVENT.                                  |
    |                                                     |
    | the services for (FLAT FEE GROUP) for (PERSON):     |
    | DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT    |
    | FEE GROUP.                                          |
    |                                                     |
    | the {OME ITEM GROUP NAME} used by (PERSON) since    |
    | (START DATE): DISPLAY IF EVENT TYPE IS OM.          |
    |                                                     |
    | services received at home from (PROVIDER) during    |
    | (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.  |
    -----------------------------------------------------
```

```
----------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE    |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED     |
| ABOUT FOR THIS EVENT.                             |
|                                                   |
|    DISPLAY 'glasses or contact lenses' IF EVENT   |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|    OR CONTACT LENSES).                            |
|                                                   |
|    DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'  |
|    (INSULIN).                                     |
|                                                   |
|    DISPLAY 'other diabetic equipment or supplies' |
|    IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC    |
|    EQUIPMENT OR SUPPLIES).                        |
|                                                   |
|    DISPLAY 'ambulance services' IF THE OM ITEM    |
|    GROUP IS '4' (AMBULANCE SERVICES).            |
|                                                   |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP|
|    IS '5' (ORTHOPEDIC ITEMS).                    |
|                                                   |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
|    IS '6' (HEARING DEVICES).                     |
|                                                   |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|    (PROSTHESES).                                 |
|                                                   |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|    '8' (BATHROOM AIDS).                          |
|                                                   |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|    IS '9' (MEDICAL EQUIPMENT).                   |
|                                                   |
|    DISPLAY 'disposable supplies' IF THE OM ITEM   |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).          |
|                                                   |
|    DISPLAY 'alterations or modifications' IF THE OM|
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                   |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|    GROUP IS '91' (OTHER).                        |
|                                                   |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE   |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY   |
|      FIELD FOR OM EVENTS.                         |
----------------------------------------------------
```

77

CP22
====

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

How much more does anyone in the family or any other source
expect to pay?

IS ANSWER IN DOLLARS OR PERCENT?

        DOLLARS .... 1 {CP22OV1}
        PERCENT .... 2 {CP22OV2}

                        [Code One]

CP22OV1
=======

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

DOLLARS:

        [Enter $ Amount] .... {BOX_14}
        REF .... -7 {BOX_14}
        DK .... -8 {BOX_14}

        | HARD RANGE CHECK: |
        | $0 - $999,9999 |

                            78

CP22OV2
=======

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

PERCENT:

```
    [Enter % Amount] ........................  {BOX_14}
    REF ................................... -7 {BOX_14}
    DK .................................... -8 {BOX_14}
```

```
-------------------------------------------------------
| HARD RANGE:  1% - 100%.                              |
|                                                     |
| HARD CHECK:                                         |
| IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING    |
| MESSAGE: "0, DK, RF NOT ALLOWED ON THIS             |
| SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF." |
-------------------------------------------------------
```

BOX_14
======

```
-------------------------------------------------------
| IF AN AMOUNT IS ENTERED AT CP22OV1 OR AT CP22OV2    |
| OR IF CP22OV1 OR CP22OV2 ARE CODED '-7'             |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE         |
| FOLLOWING MESSAGE:  'NO CHARGE-PAYMENT              |
| RESOLUTION NEEDED FOR THIS CASE. CONTINUE.'  THEN   |
| GO TO CP37                                          |
-------------------------------------------------------
```

LOOP_03
=======

OMITTED.

BOX_LP03
========

OMITTED.

CP23
====

OMITTED.

CP24
====

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

At the moment, it appears that {AMOUNT REMAINING} of the total
charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT
DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last
purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the
services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP
NAME} used by (PERSON) since (START DATE)/services
received at home from (PROVIDER) during (MONTH) for (PERSON)}
is still unpaid. Let me be sure I have entered everything
correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH
RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, BACK UP TO CP09.

TO ADD ANOTHER PAYMENT SOURCE, BACK UP TO CP12A.

UNDERPAYMENT: {$XXXXXXXXX}   TOTAL CHARGE: {$XXXXXXXXX}

ROSTER. SOURCE OF PAYMENT	CP24_02. DOLLAR AMOUNT PAID	CP24_03. PERCENT AMOUNT PAID
PERSON/Family	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter $ Amount]	[Enter % Amount]

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

```
-------------------------------------------------------
| DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF      |
| PAYMENT.                                            |
|                                                     |
| IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED    |
| AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID    |
| BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY          |
| THE RESPONSE TO CP11 IN THE 'AMOUNT PAID'           |
| COLUMN FOR PERSON/FAMILY.  THAT IS, IF THE          |
| RESPONSE TO CP11 IS A DOLLAR AMOUNT, DISPLAY THE    |
| DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN.   |
| IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY    |
| THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID'  |
| COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS  |
| CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE       |
| AMOUNT IN BOTH COLUMNS.  IF THE DOLLAR AMOUNT OR    |
| PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF'      |
| FOR THE AMOUNT IN BOTH COLUMNS.                     |
-------------------------------------------------------


-------------------------------------------------------
| {AMOUNT REMAINING}: DISPLAY THE AMOUNT OF THE       |
| CALCULATED UNDERPAYMENT.                            |
|                                                     |
| (PERSON)'s stay at (HOSPITAL) that began on         |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.          |
|                                                     |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):     |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.         |
|                                                     |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}  |
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.          |
|                                                     |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME   |
|    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT   |
|    FOR THIS EVENT.                                  |
|                                                     |
| the services for (FLAT FEE GROUP) for (PERSON):     |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT    |
| FEE GROUP.                                          |
|                                                     |
| the {OME ITEM GROUP NAME} used by (PERSON) since    |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.          |
|                                                     |
| services received at home from (PROVIDER) during    |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.  |
-------------------------------------------------------
```

```
-----------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
| ABOUT FOR THIS EVENT.                              |
|                                                    |
|    DISPLAY 'glasses or contact lenses' IF EVENT    |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|    OR CONTACT LENSES).                             |
|                                                    |
|    DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'   |
|    (INSULIN).                                      |
|                                                    |
|    DISPLAY 'other diabetic equipment or supplies'  |
|    IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC     |
|    EQUIPMENT OR SUPPLIES).                         |
|                                                    |
|    DISPLAY 'ambulance services' IF THE OM ITEM     |
|    GROUP IS '4' (AMBULANCE SERVICES).             |
|                                                    |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|    IS '5' (ORTHOPEDIC ITEMS).                      |
|                                                    |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|    IS '6' (HEARING DEVICES).                       |
|                                                    |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|    (PROSTHESES).                                   |
|                                                    |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|    '8' (BATHROOM AIDS).                            |
|                                                    |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|    IS '9' (MEDICAL EQUIPMENT).                     |
|                                                    |
|    DISPLAY 'disposable supplies' IF THE OM ITEM    |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).            |
|                                                    |
|    DISPLAY 'alterations or modifications' IF THE OM|
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                    |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|    GROUP IS '91' (OTHER).                          |
|                                                    |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE    |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY    |
|      FIELD FOR OM EVENTS.                          |
|                                                    |
-----------------------------------------------------
```

82

```
---------------------------------------------------
| UNDERPAYMENT:  {$XXXXXXXXX}: DISPLAY THE AMOUNT  |
| OF THE CALCULATED UNDERPAYMENT.                   |
|                                                   |
| TOTAL CHARGE:  {$XXXXXXXXX}: DISPLAY THE AMOUNT   |
| ENTERED AT CP09OV.                                |
---------------------------------------------------
```

```
---------------------------------------------------
| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS        |
| 'DIRECT PAYMENTS'.                                |
---------------------------------------------------
```

```
---------------------------------------------------
| SOFT CHECK:                                       |
| WHOLE DOLLAR AMOUNT (INTEGER): 0 - $100,000       |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: EVNT_SOP_1                                 |
|                                                   |
| COL # 1 HEADER: SOURCE OF PAYMENT                 |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME         |
| (PAYM.REIMNAM/PAYF.REIMNAM)                       |
|                                                   |
| COL # 2 HEADER: DOLLAR AMOUNT PAID                |
| INSTRUCTIONS: ENTER $ AMOUNT PAID                 |
| (PAYM.AMTPAID/PAYF.AMTPAID)                       |
|                                                   |
| COL # 3 HEADER: PERCENT AMOUNT PAID               |
| INSTRUCTIONS: ENTER % AMOUNT PAID                 |
| (PAYM.PCTPAID/PAYF.PCTPAID)                       |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR |
| ENTRY.                                            |
---------------------------------------------------
```

```
--------------------------------------------------------
| ROSTER BEHAVIOR:                                     |
| 1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE        |
| ALLOWED TO SOURCES AT THIS SCREEN.                   |
|                                                      |
| 2. THE INTERVIEWER CAN ENTER A DOLLAR OR A           |
| PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.         |
|                                                      |
| 3. NO CORRECTIONS OR UPDATES MAY BE MADE TO SOURCE|
| NAMES OR AMOUNTS OF REIMBURSEMENT.                   |
|                                                      |
| 4. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN     |
| ENTERED AND THERE IS A TOTAL CHARGE, THE             |
| RECIPROCAL AMOUNT WILL BE DISPLAYED.  FOR EXAMPLE,|
| IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR|
| AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE.   |
|                                                      |
| 5. IF A SOURCE IS ENTERED IN ERROR, THE             |
| INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.          |
|                                                      |
| 6. ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE       |
| ADDED.                                               |
--------------------------------------------------------


--------------------------------------------------------
| ROSTER FILTER:                                       |
| DISPLAY ALL SOURCES FLAGGED AS 'DIRECT PAYMENT'     |
| FOR THIS EVENT.                                      |
--------------------------------------------------------


--------------------------------------------------------
| GO TO BOX_15                                         |
--------------------------------------------------------
```

CP24OV
======

          OMITTED.

END_LP03
========

          OMITTED.

LOOP_04
=======

          OMITTED.

BOX_LP04
========

          OMITTED.

CP25
====

        OMITTED.

CP26
====

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

        The payments you reported for {(PERSON)'s stay at (HOSPITAL) that
        began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT
        DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for
        (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the
        {OME ITEM GROUP NAME} used by (PERSON) since (START
        DATE)/services received at home from (PROVIDER) during (MONTH)
        for (PERSON)} exceed the charge I have recorded by {$ DISCREPANCY}.
        Let me be sure I have all the information recorded correctly.

        REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH
        RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

        IF TOTAL CHARGE NEEDS CORRECTION, BACK UP TO CP09.

        TO ADD ANOTHER PAYMENT SOURCE, BACK UP TO CP12A.

        OVERPAYMENT: {$XXXXXXXXX}   TOTAL CHARGE: {$XXXXXXXXX}

ROSTER. SOURCE OF PAYMENT	CP26_02. DOLLAR AMOUNT PAID	CP26_03. PERCENT AMOUNT PAID
PERSON/Family	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Enter $ Amount]	[Enter % Amount]

     HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

```
-----------------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.     |
|                                                   |
| DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF    |
| PAYMENT.                                          |
|                                                   |
| IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED  |
| AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID  |
| BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY        |
| THE RESPONSE TO CP11 IN THE 'AMOUNT PAID'         |
| COLUMN FOR PERSON/FAMILY.  THAT IS, IF THE        |
| RESPONSE TO CP11 IS A DOLLAR AMOUNT, DISPLAY THE  |
| DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN. |
| IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY  |
| THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID'|
| COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS|
| CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE     |
| AMOUNT IN BOTH COLUMNS.  IF THE DOLLAR AMOUNT OR  |
| PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF'    |
| FOR THE AMOUNT IN BOTH COLUMNS.                   |
-----------------------------------------------------


-----------------------------------------------------
| (PERSON)'s stay at (HOSPITAL) that began on       |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.        |
|                                                   |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):   |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.       |
|                                                   |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}|
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.        |
|                                                   |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME |
|   OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT  |
|   FOR THIS EVENT.                                 |
|                                                   |
| the services for (FLAT FEE GROUP) for (PERSON):   |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT  |
| FEE GROUP.                                        |
|                                                   |
| the {OME ITEM GROUP NAME} used by (PERSON) since  |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.        |
|                                                   |
| services received at home from (PROVIDER) during  |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
-----------------------------------------------------
```

```
-------------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'glasses or contact lenses' IF EVENT      |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES  |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'     |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'other diabetic equipment or supplies'    |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC       |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'ambulance services' IF THE OM ITEM       |
|   GROUP IS '4' (AMBULANCE SERVICES).                |
|                                                     |
|   DISPLAY 'orthopedic items' IF THE OM ITEM GROUP   |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'hearing devices' IF THE OM ITEM GROUP    |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'  |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS   |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'medical equipment' IF THE OM ITEM GROUP  |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'disposable supplies' IF THE OM ITEM      |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).              |
|                                                     |
|   DISPLAY 'alterations or modifications' IF THE OM  |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).   |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM  |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE      |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY      |
|     FIELD FOR OM EVENTS.                            |
-------------------------------------------------------
```

```
-----------------------------------------------------
|  {$ DISCREPANCY}: DISPLAY THE AMOUNT OF THE       |
|  CALCULATED OVERPAYMENT.                           |
|                                                    |
|  OVERPAYMENT:  {$XXXXXXXXX}: DISPLAY THE AMOUNT    |
|  OF THE CALCULATED OVERPAYMENT.                    |
|                                                    |
|  TOTAL CHARGE:  {$XXXXXXXXX}: DISPLAY THE AMOUNT   |
|  ENTERED AT CP09OV.                                |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS        |
|  'DIRECT PAYMENTS'.                                |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  SOFT CHECK:                                       |
|  WHOLE DOLLAR AMOUNT (INTEGER): 0 - $100,000       |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DETAILS:                                   |
|  TITLE: EVNT_SOP_1                                 |
|                                                    |
|  COL # 1 HEADER: SOURCE OF PAYMENT                 |
|  INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME         |
|  (PAYM.REIMNAM/PAYF.REIMNAM)                       |
|                                                    |
|  COL # 2 HEADER: DOLLAR AMOUNT PAID                |
|  INSTRUCTIONS: ENTER $ AMOUNT PAID                 |
|  (PAYM.AMTPAID/PAYF.AMTPAID)                       |
|                                                    |
|  COL # 3 HEADER: PERCENT AMOUNT PAID               |
|  INSTRUCTIONS: ENTER % AMOUNT PAID                 |
|  (PAYM.PCTPAID/PAYF.PCTPAID)                       |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DEFINITION:                                |
|  DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR |
|  ENTRY.                                            |
-----------------------------------------------------
```

```
 -------------------------------------------------------
|  ROSTER BEHAVIOR:                                     |
|  1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE        |
|  ALLOWED TO SOURCES AT THIS SCREEN.                   |
|                                                       |
|  2. THE INTERVIEWER CAN ENTER A DOLLAR OR A           |
|  PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.         |
|                                                       |
|  3. WHEN THE DOLLAR OR PERCENTAGE AMOUNT HAS BEEN     |
|  ENTERED AND THERE IS A TOTAL CHARGE, THE             |
|  RECIPROCAL AMOUNT WILL BE DISPLAYED.  FOR EXAMPLE,|
|  IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR|
|  AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE.  |
|                                                       |
|  4. IF A SOURCE IS ENTERED IN ERROR, THE              |
|  INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.           |
 -------------------------------------------------------


 -------------------------------------------------------
|  ROSTER FILTER:                                       |
|  DISPLAY ALL SOURCES FLAGGED AS 'DIRECT PAYMENT'.     |
 -------------------------------------------------------


 -------------------------------------------------------
|  CONTINUE WITH BOX_15                                 |
 -------------------------------------------------------
```

CP26OV
======

OMITTED.

END_LP04
========

OMITTED.

BOX_15
======

```
            ------------------------------------------------------
           |  RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT.|
            ------------------------------------------------------

            ------------------------------------------------------
           |  IF UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS        |
           |  HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_19      |
            ------------------------------------------------------

            ------------------------------------------------------
           |  OTHERWISE, GO TO CP37                              |
            ------------------------------------------------------
```

BOX_16
======
          OMITTED.

CP27
====
          OMITTED.

CP28
====
          OMITTED.

CP28OV1
=======
          OMITTED.

CP28OV2
=======
          OMITTED.

BOX_17
======
          OMITTED.

BOX_18
======
          OMITTED.

CP29
====
          OMITTED.

CP30
====

OMITTED.

CP30OV1
=======

OMITTED.

CP30OV2
=======

OMITTED.

BOX_19
======

```
--------------------------------------------------
|  IF CP21 WAS ASKED, GO TO CP37                  |
--------------------------------------------------

--------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_20                |
--------------------------------------------------
```

BOX_20
======

```
--------------------------------------------------
| IF UNDERPAYMENT IS STILL > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF TOTAL CHARGE, CONTINUE WITH CP31 USING |
| THE DIFFERENCE IN THE DISPLAY.                  |
--------------------------------------------------

--------------------------------------------------
| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEVER IS  |
| HIGHER)  OF THE TOTAL CHARGE, GO TO CP37         |
--------------------------------------------------
```

CP31
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

ROSTER. SOURCE OF PAYMENT	DOLLAR AMOUNT PAID	PERCENT AMOUNT PAID
PERSON/Family	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Display $ Amount]	[Display % Amount]
[Display Source of Payment]	[Display $ Amount]	[Display % Amount]

TOTAL CHARGE: {$XXXXXXXXX}   DIFFERENCE: {$XXXXXXXXX}

Do you expect anyone in the family to pay any {amount/more}?

```
     YES ................................... 1 {CP32}
     NO .................................... 2 {CP37}
     REF .................................. -7 {CP37}
     DK ................................... -8 {CP37}
```

```
-----------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME     |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT      |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT      |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES  |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'     |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'    |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC       |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM       |
|   GROUP IS '4' (AMBULANCE SERVICES).                |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP   |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP    |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7'  |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS   |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP  |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM      |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).              |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM  |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).   |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM  |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE      |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY      |
|     FIELD FOR OM EVENTS.                            |
-----------------------------------------------------
```

```
-------------------------------------------------------
| {amount/more}: DISPLAY 'amount' IF PERSON FAMILY    |
| PAYMENT IS $0/0%.  DISPLAY 'more' IF PERSON/FAMILY|
| PAYMENT IS NOT EQUAL TO $0/0% (INCLUDING DON'T      |
| KNOW AND REFUSED RESPONSES).                        |
|                                                     |
| TOTAL CHARGE:  {$XXXXXXXXX}: DISPLAY THE AMOUNT     |
| ENTERED AT CP09OV.                                  |
|                                                     |
| DIFFERENCE:  {$XXXXXXXXX}: DISPLAY THE AMOUNT OF    |
| THE RE-CALCULATED UNDERPAYMENT.                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER DETAILS:                                     |
| TITLE: EVNT_SOP_1                                   |
|                                                     |
| COL # 1 HEADER: SOURCE OF PAYMENT                   |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME           |
| (PAYM.REIMNAM/PAYF.REIMNAM)                         |
|                                                     |
| COL # 2 HEADER: DOLLAR AMOUNT PAID                  |
| INSTRUCTIONS: ENTER $ AMOUNT PAID                   |
| (PAYM.AMTPAID/PAYF.AMTPAID)                         |
|                                                     |
| COL # 3 HEADER: PERCENT AMOUNT PAID                 |
| INSTRUCTIONS: ENTER % AMOUNT PAID                   |
| (PAYM.PCTPAID/PAYF.PCTPAID)                         |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER DEFINITION:                                  |
| DISPLAY THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER FOR |
| DISPLAY.                                            |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. THIS MATRIX IS READ-ONLY.                        |
-------------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ALL SOURCES FLAGGED AS 'DIRECT PAYMENT'.  |
-------------------------------------------------------
```

CP32
====

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

{NAME OF PRESCRIBED MEDICINE} {OME ITEM GROUP NAME}

How much do you expect anyone in the family to pay?

IS ANSWER IN DOLLARS OR PERCENT?

        DOLLARS .... 1 {CP32OV1}
        PERCENT .... 2 {CP32OV2}

                    [Code One]

```
-----------------------------------------------------
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME    |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT     |
| FOR THIS EVENT.                                     |
|                                                     |
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE     |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED      |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|   DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT     |
|   TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|   OR CONTACT LENSES).                               |
|                                                     |
|   DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2'    |
|   (INSULIN).                                        |
|                                                     |
|   DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES'   |
|   IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC      |
|   EQUIPMENT OR SUPPLIES).                           |
|                                                     |
|   DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM      |
|   GROUP IS '4' (AMBULANCE SERVICES).               |
|                                                     |
|   DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP  |
|   IS '5' (ORTHOPEDIC ITEMS).                        |
|                                                     |
|   DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP   |
|   IS '6' (HEARING DEVICES).                         |
|                                                     |
|   DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7' |
|   (PROSTHESES).                                     |
|                                                     |
|   DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS  |
|   '8' (BATHROOM AIDS).                              |
|                                                     |
|   DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP |
|   IS '9' (MEDICAL EQUIPMENT).                       |
|                                                     |
|   DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM     |
|   GROUP IS '10' (DISPOSABLE SUPPLIES).             |
|                                                     |
|   DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM |
|   ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).  |
|                                                     |
|   DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
|   GROUP IS '91' (OTHER).                            |
|                                                     |
|     FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE     |
|     TEXT CATEGORY ENTERED IN THE OTHER SPECIFY     |
|     FIELD FOR OM EVENTS.                            |
-----------------------------------------------------
```

CP32OV1
=======

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

          DOLLARS:

              [Enter $ Amount] .... {CP37}
              REF .... -7 {CP37}
              DK .... -8 {CP37}

              | SOFT CHECK: |
              | WHOLE DOLLAR AMOUNT (INTEGER): $0 - $10,000 |

CP32OV2
=======

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

          PERCENT:

              [Enter % Amount] .... {CP37}
              REF .... -7 {CP37}
              DK .... -8 {CP37}

              | SOFT CHECK: |
              | 1% - 100% |

BOX_21
======

          OMITTED.

CP33
====

          OMITTED.

CP34
====
         OMITTED.

CP34OV1
=======
         OMITTED.

CP34OV2
=======
         OMITTED.

BOX_22
======
         OMITTED.

CP35
====
         OMITTED.

CP36
====
         OMITTED.

CP37
====

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

INTERVIEWER: WHAT RECORDS WERE USED IN COMPLETING THE
CHARGE/PAYMENT INFORMATION FOR THE {VISIT TO (PROVIDER) ON
(VISIT DATE)/THE VISITS FOR (FLAT FEE GROUP)/THE LAST PURCHASE
OF {NAME OF PRESCRIBED MEDICINE}/THE {OME ITEM GROUP NAME}
USED BY (PERSON) SINCE (START DATE)/SERVICES RECEIVED AT HOME
FROM (PROVIDER) DURING (MONTH) FOR (PERSON)}?

CHECK ALL THAT APPLY.

            RESPONDENT'S/FAMILY MEMBER'S MEMORY 1
            RESPONDENT'S/FAMILY MEMBER'S CHECK BOOK ... 2
            STATEMENT, BILL OR RECEIPT FROM
            PROVIDER'S OFFICE 3
            EXPLANATION OF BENEFITS FROM MEDICARE 4
            EXPLANATION OF BENEFITS FROM PRIVATE
               INSURANCE CARRIER 5
            CALENDAR 6
            PRESCRIBED MEDICINE BOTTLE, BAG, OR
               CONTAINER 7
            ELECTRONIC RECORDS 8
            PHARMACY PATIENT PROFILE 9
            OTHER .... 91 {CP37OV}

                    [Code All That Apply]

```
-----------------------------------------------------
| THE VISIT TO (PROVIDER) ON (VISIT DATE): DISPLAY  |
| IF EVENT TYPE IS HS, OP, ER, MV, OR DN.           |
|                                                   |
| THE VISITS FOR (FLAT FEE GROUP): DISPLAY IF       |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.  |
|                                                   |
| THE LAST PURCHASE OF {NAME OF PRESCRIBED          |
| MEDICINE}: DISPLAY IF EVENT TYPE IS PM.           |
|                                                   |
|   {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME |
|    OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT |
|    FOR THIS EVENT.                                |
|                                                   |
| THE {OME ITEM GROUP NAME} USED BY (PERSON) SINCE  |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.        |
|                                                   |
| SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING  |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
-----------------------------------------------------
```

```
-------------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|    DISPLAY 'glasses or contact lenses' IF EVENT     |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|    OR CONTACT LENSES).                              |
|                                                     |
|    DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2'   |
|    (INSULIN).                                       |
|                                                     |
|    DISPLAY 'other diabetic equipment or supplies'  |
|    IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC     |
|    EQUIPMENT OR SUPPLIES).                          |
|                                                     |
|    DISPLAY 'ambulance services' IF THE OM ITEM     |
|    GROUP IS '4' (AMBULANCE SERVICES).              |
|                                                     |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|    IS '5' (ORTHOPEDIC ITEMS).                      |
|                                                     |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP  |
|    IS '6' (HEARING DEVICES).                       |
|                                                     |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|    (PROSTHESES).                                    |
|                                                     |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|    '8' (BATHROOM AIDS).                            |
|                                                     |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|    IS '9' (MEDICAL EQUIPMENT).                     |
|                                                     |
|    DISPLAY 'disposable supplies' IF THE OM ITEM    |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).            |
|                                                     |
|    DISPLAY 'alterations or modifications' IF THE OM|
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                     |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|    GROUP IS '91' (OTHER).                          |
|                                                     |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE    |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY    |
|      FIELD FOR OM EVENTS.                          |
-------------------------------------------------------
```

```
         -------------------------------------------------
         |  IF CODED '91' (OTHER), ALONE OR IN COMBINATION  |
         |  WITH OTHER CODES, CONTINUE WITH CP37OV          |
         -------------------------------------------------

         -------------------------------------------------
         |  OTHERWISE, GO TO BOX_23                        |
         -------------------------------------------------
```

CP37OV
======

OTHER SPECIFY:

  [Enter Other Specify] .... {BOX_23}

BOX_23
======

```
         -------------------------------------------------
         |  IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4'   |
         |  (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5' |
         |  (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE |
         |  CARRIER)                                        |
         |  AND                                            |
         |  EVENT TYPE IS NOT PM OR OM,                     |
         |  CONTINUE WITH CP38                             |
         -------------------------------------------------

         -------------------------------------------------
         |  OTHERWISE, GO TO BOX_24                        |
         -------------------------------------------------
```

CP38
====

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

INTERVIEWER: DOES THE PAPERWORK SHOW THAT (PROVIDER) HAS
ANOTHER NAME?

     YES .... 1 {CP39}
     NO .... 2 {BOX_24}

     HELP AVAILABLE FOR DEFINITION OF PROVIDER NAME.

CP39
====

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

INTERVIEWER: ENTER OTHER NAME FOR (PROVIDER).

    [Enter Medical-Provider-65] .... {BOX_24}

BOX_24
======

```
 ----------------------------------------------------
| IF:                                                |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,   |
| OR                                                 |
| EVENT TYPE IS PM, HS, OM, OR HH,                   |
| OR                                                 |
| PERSON-PROVIDER PAIR ALREADY FLAGGED AS 'COPAYMENT|
| SITUATION',                                        |
| GO TO BOX_26                                       |
 ----------------------------------------------------


 ----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_25                    |
 ----------------------------------------------------
```

BOX_25
======

```
--------------------------------------------------
| IF [CP08 IS CODED '2' (NO), '-7' (REFUSED), OR  |
| '-8' (DON'T KNOW)] OR [THE AMOUNT IN CP09 IS SET |
| TO THE COPAYMENT AMOUNT] OR [CP08 AND CP09 WERE  |
| NOT ASKED AND CP06 IS CODED '5' (NO BILL SENT:   |
| HMO PLAN), '6' (NO BILL SENT: VA), '8' (NO BILL  |
| SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP) OR '15'  |
| (NO BILL SENT: INDIAN HEALTH SERVICE)]           |
| AND                                              |
| CP10 IS CODED '1' (YES)                          |
| AND                                              |
| CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR   |
| AMOUNT GREATER (>) THAN $0 AND LESS THAN OR EQUAL |
| (<=) TO $50 IS ENTERED IN CP11OV1,               |
| FLAG THIS PERSON-PROVIDER PAIR AS A 'COPAYMENT   |
| SITUATION', THEN CONTINUE WITH BOX_26            |
--------------------------------------------------


--------------------------------------------------
| OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE |
| WITH BOX_26                                       |
--------------------------------------------------
```

BOX_26
======

```
--------------------------------------------------
| FLAG CP STATUS OF EVENT-PROVIDER PAIR AS         |
| 'PROCESSED'.                                     |
--------------------------------------------------


--------------------------------------------------
| END OF CHARGE PAYMENT (CP) SECTION.              |
--------------------------------------------------
```