Charge Payment (CP) Section

BOX_00A
=======

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-------------------------------------------------------
| 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                          |
-------------------------------------------------------
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-------------------------------------------------------
| 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).                                          |
-------------------------------------------------------
```

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---------------------------------------------------
| (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
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---------------------------------------------------
| 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 (INCLUDING 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 {your/{PERSON}'s} prescription medicine(s).

Has {your/{PERSON}'s} health insurance or another source of coverage helped pay for any of {your/his/her} prescription medications since {START DATE}?

SELECT 'NO' IF PERSON REPORTS NO HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

       YES .... 1 {CP01B}
       NO .... 2 {CP01}
       REF .... -7 {CP01}
       DK .... -8 {CP01}

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

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 CP01                                |
 -----------------------------------------------------


-----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_SOP_2                                   |
|                                                   |
| COL # 1 HEADER: SELECT PAYMENT 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
=====

        OMITTED.

7

CP01COV2
========
          OMITTED.

CP01
====

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

          {Do/Does} {you/{PERSON}} (or someone in the family) send in a claim
          form to the insurance company for {your/his/her} prescription
          medicines or does the pharmacy automatically file the claim
          forms?

               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 {your/{PERSON}'s} visit to
{PROVIDER} on {VISIT DATE}, let me take a moment to verify some
information.

Last time we recorded that {you/he/she} (or someone in the family)
{usually pay(s) a {$ AMT COPAY} copayment/usually pay(s) nothing for
visits} to {PROVIDER}. Is this still correct?

```
     YES ..................................... 1 {CP03}
     NO {- PAYS A COPAYMENT AMOUNT NOW} ..... 2 {CP02OV}
     NOT {A COPAYMENT/THE SAME} SITUATION
       ANYMORE ............................. 99 {CP03}
     REF ................................... -7 {CP03}
     DK .................................... -8 {CP03}
```

[Code One]

HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

```
-------------------------------------------------------
|  DISPLAY 'usually pay(s) {$ AMT COPAY} copayment'   |
|  AND 'A COPAYMENT' IN RESPONSE CATEGORY 99 IF THE   |
|  CP11OV1 AMOUNT FLAGGED AS 'COPAYMENT SITUATION'    |
|  DOES NOT EQUAL ZERO.  DISPLAY 'usually pay(s)      |
|  nothing for visits', 'PAYS A COPAYMENT AMOUNT NOW' |
|  IN RESPONSE CATEGORY 2, AND 'THE SAME' IN RESPONSE |
|  CATEGORY 99 IF THE CP11OV1 AMOUNT FLAGGED AS       |
|  'COPAYMENT SITUATION' EQUALS ZERO.                 |
|                                                     |
|  FOR '$ 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/THE SAME}          |
|  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:                                      |
| $0 - $50.                                        |
---------------------------------------------------
```

```
---------------------------------------------------
| HARD CHECK MESSAGE:                              |
| "ENTER A DOLLAR AMOUNT < OR = $50, DK, RF OR     |
| CHECK 'NOT A COPAYMENT SITUATION ANYMORE.' IF    |
| COPAYMENT IS ACTUALLY > $50, ENTER 'DK' FOR AMOUNT|
| AND ENTER THE ACTUAL COPAYMENT AMOUNT IN A       |
| COMMENT."                                        |
---------------------------------------------------
```

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF CHARGE.

```
-------------------------------------------------------
| DISPLAY '{your/{PERSON}'s} stay at {HOSPITAL}       |
| that began on {ADMIT DATE}' IF EVENT TYPE IS HS.    |
|                                                     |
| DISPLAY '{your/{PERSON}'s} visit to {PROVIDER} on   |
| {VISIT DATE}' IF EVENT TYPE IS ER, OP, MV, OR DN.   |
|                                                     |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED   |
| MEDICINE} for {you/{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      |
| {you/{PERSON}}' IF EVENT-PROVIDER PAIR REPRESENTS   |
| A FLAT FEE GROUP.                                   |
|                                                     |
|   FOR '{FLAT FEE GROUP}' DISPLAY THE NAME OF THE    |
|   FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT     |
|   FF03.                                             |
|                                                     |
| DISPLAY 'the {OME ITEM GROUP NAME} used by {you/    |
| {PERSON}} since {START DATE}' IF EVENT TYPE IS OM.  |
|                                                     |
| DISPLAY 'services received at home from {PROVIDER}  |
| during {MONTH} for {you/{PERSON}}' IF EVENT TYPE    |
| IS HH.                                              |
|                                                     |
| DISPLAY '{Let's begin with the charges from the     |
| hospital itself, not including any separate         |
| physician services or lab tests.}' IF EVENT TYPE    |
| IS HS.                                              |
-------------------------------------------------------
```

13

```
-----------------------------------------------------
| 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 '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                                        |
-----------------------------------------------------
```

14

```
-------------------------------------------------------
|  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                              |
-------------------------------------------------------
```

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 {you/{PERSON}} (or anyone in the family) purchase or rent the
{OME ITEM GROUP NAME} used by {you/him/her}?

```
        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]

15

```
-----------------------------------------------------
| {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 {you/{PERSON}} (or someone in
the family) {only paid the {$ AMT COPAY} copayment/paid nothing}
for this visit and {you/he/she} {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.

```
--------------------------------------------------
| DISPLAY 'only paid the {$ AMT COPAY} copayment'  |
| IF THE CP11OV1 AMOUNT FLAGGED AS 'COPAYMENT      |
| SITUATION' DOES NOT EQUAL ZERO ($0).             |
|                                                  |
| FOR '$ AMT COPAY' DISPLAY THE CP02OV OR CP11OV1  |
| AMOUNT FLAGGED AS 'COPAYMENT SITUATION' FOR THE  |
| CURRENT ROUND FOR THIS PERSON-PROVIDER PAIR.     |
|                                                  |
| DISPLAY 'paid nothing' IF THE CP11OV1 AMOUNT     |
| FLAGGED AS 'COPAYMENT SITUATION' EQUALS ZERO ($0).|
--------------------------------------------------

--------------------------------------------------
| 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                   |
--------------------------------------------------
```

17

```
---------------------------------------------------
| 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} {you/{PERSON}} (or anyone in the family) received
anything in writing, such as a bill, receipt, or statement,
for {this hospital stay/this visit/the last purchase of {NAME OF
PRESCRIBED MEDICINE}/the services for {FLAT FEE GROUP}/the {OME
ITEM GROUP NAME}/the services received at home}?

```
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.

18

```
-----------------------------------------------------
| this hospital stay: DISPLAY IF EVENT TYPE IS HS.  |
|                                                   |
| this visit: DISPLAY IF EVENT TYPE IS ER, OP, MV,  |
| OR DN.                                            |
|                                                   |
| 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 services for {FLAT FEE GROUP}: DISPLAY IF     |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.  |
|                                                   |
|    FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE  |
|    FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT  |
|    FF03.                                          |
|                                                   |
| the {OME ITEM GROUP NAME}: DISPLAY IF EVENT TYPE  |
| IS OM.                                            |
|                                                   |
| the services received at home: 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 '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.                           |
-----------------------------------------------------


-----------------------------------------------------
| '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} {you/{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}
        NO BILL SENT: VA (VETERANS
           ADMINISTRATION)/CHAMPVA ...............  6 {BOX_04}
        NO BILL SENT: MILITARY FACILITY .........  7 {BOX_04}
        NO BILL SENT: PUBLIC ASSISTANCE/
           MEDICAID/SCHIP .......................  8 {BOX_04}
        NO BILL SENT: INDIAN HEALTH SERVICE
           (IHS) ................................. 15 {BOX_04}
        NO BILL SENT: WORKER'S COMPENSATION .....  9 {BOX_04}
        NO BILL SENT: PRIVATE HEALTH CENTER/
           CLINIC ............................... 10 {BOX_04}
        NO BILL SENT: 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 (E.G. FLAT
           FEE) ................................. 95
        REF ................................... -7 {CP08}
        DK ................................... -8 {CP08}
```

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.

21

```
-----------------------------------------------------
| 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 '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.                          |
---------------------------------------------------
```

23

```
--------------------------------------------------------
| 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 (E.G. FLAT FEE)'     |
| 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 (E.G. FLAT FEE)'     |
| 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 (E.G. FLAT FEE)'     |
| 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(E.G. FLAT FEE)' 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 '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.                          |
-----------------------------------------------------
```

26

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}}

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

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 {this hospital stay/this visit/the
last purchase of {NAME OF PRESCRIBED MEDICINE}/the services for
{FLAT FEE GROUP}/the {OME ITEM GROUP NAME}/the services received
at home}?

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

        YES .... 1 {CP09}
        NO 2
        INCLUDED WITH OTHER CHARGES (E.G. FLAT
          FEE) 95
        REF .... -7
        DK .... -8

HELP AVAILABLE FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

```
----------------------------------------------------
| DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |
|                                                   |
| DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |
| OR DN.                                            |
|                                                   |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED |
| MEDICINE}' 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}'       |
| IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE      |
| GROUP.                                            |
|                                                   |
|   FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE   |
|   FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT   |
|   FF03.                                           |
|                                                   |
| DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |
| IS OM.                                            |
|                                                   |
| DISPLAY 'the services received at home' IF EVENT  |
| TYPE IS HH.                                        |
|                                                   |
| DISPLAY THE INTERVIEWER INSTRUCTION '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 '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 (E.G. FLAT FEE)'  |
| 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 (E.G. FLAT FEE)'  |
| 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 (E.G. FLAT FEE)'  |
| 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 (E.G. FLAT FEE)'  |
| 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}}

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

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

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

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

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

        AMOUNT .... 1 {CP09OV}
        INCLUDED WITH OTHER CHARGES (E.G. FLAT
          FEE)................................. 95

                    [Code One]

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

```
------------------------------------------------------
| DISPLAY 'Do not include any services billed for    |
| billed for separately such as physician charges    |
| or other services.' IF EVENT TYPE IS HS, ER, OR    |
| OP.  OTHERWISE, USE A NULL DISPLAY.                 |
|                                                     |
| DISPLAY 'Include charges for procedures such as     |
| x-rays, lab tests, or diagnostic procedures that    |
| are listed separately on the {hospital} bill {or    |
| statement}'. IF CP05 IS CODED '1' (YES, AND         |
| DOCUMENTATION AVAILABLE) AND EVENT TYPE IS NOT      |
| PM.  OTHERWISE, USE A NULL DISPLAY.                 |
|                                                     |
| DISPLAY 'hospital' IF EVENT TYPE IS HS, ER, OR OP.|
| OTHERWISE, USE A NULL DISPLAY. DISPLAY 'or          |
| statement' IF EVENT TYPE IS MV, DN, OM, HH OR       |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.    |
| 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 '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 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)'  |
| DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE IS NOT |
| AVAILABLE FOR A PM EVENT.'                         |
-------------------------------------------------
```

```
-------------------------------------------------
| IF 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)'  |
| 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 (E.G. FLAT FEE)'  |
| 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 (E.G. FLAT FEE)'  |
| 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: |
     | 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 CP09A |

     | 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 **during {MONTH}** 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 {you/{PERSON}} {are/is} required to
pay a certain set amount each time {you/he/she} {visit/visits}
{PROVIDER} regardless of what happens during the visit?

PROBE: For example, is this the type of situation in which
{you/he/she} always {make/makes} the same set dollar amount copayment?

        YES .... 1 {CP11}
        NO .... 2 {CP11}
        USUALLY PAYS $0 (REGARDLESS OF SERVICE). 3 {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}}

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

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

IF AMOUNT PAID IS NOTHING, 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. |

```
----------------------------------------------------
| {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 '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}}

$

   [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}}

%

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

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

41

```
-------------------------------------------------------
| 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), 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 for any of the charges for
{this hospital stay/this visit/the last purchase of {NAME OF
PRESCRIBED MEDICINE}/the services for {FLAT FEE GROUP}/the {OME
ITEM GROUP NAME}/the services received at home}?

By other source, we mean a private insurance company, an HMO,
Medicare, Medicaid, or any other public program that may have paid.

```
     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 'this hospital stay' IF EVENT TYPE IS HS. |
|                                                   |
| DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |
| OR DN.                                            |
|                                                   |
| DISPLAY 'the last purchase of {NAME OF PRESCRIBED |
| MEDICINE}' 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}' IF    |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.  |
|                                                   |
|    FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE  |
|    FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT  |
|    FF03.                                          |
|                                                   |
| DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |
| IS OM.                                            |
|                                                   |
| DISPLAY 'the services received at home' IF EVENT  |
| TYPE IS HH.                                       |
---------------------------------------------------
```

44

```
-----------------------------------------------------
| {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 '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.                          |
-----------------------------------------------------
```

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 '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: SELECT 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.                      |
---------------------------------------------------
```

```
-------------------------------------------------------
| 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.

IF ONLY PERCENT KNOWN, ENTER F5 FOR DOLLAR AMOUNT PAID AND THEN
ENTER PERCENT.

                              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 '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_09                             |
        --------------------------------------------------------
```

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 paid back any of the {$/% FAMILY PAID} paid
'out-of-pocket'?

        YES .... 1 {CP14A}
        NO .... 2 {BOX_09}
        REF .... -7 {BOX_09}
        DK .... -8 {BOX_09}

 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 '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 paid 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 '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.                                   |
---------------------------------------------------
```

58

```
  ------------------------------------------------------
  |  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: SELECT REIMBURSEMENT SOURCE        |
  |  INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME    |
  |  (SRCS.SRCNAME)                                     |
  ------------------------------------------------------


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

59

```
-------------------------------------------------------
| 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) pay the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.

IF ONLY PERCENT KNOWN, ENTER F5 FOR DOLLAR AMOUNT PAID AND THEN
ENTER PERCENT.

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 '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 'IF THE VALUE IS OK, CLICK ACCEPT. IF |
| YOU WANT TO CHANGE THE VALUE, CLICK CHANGE.'           |
|                                                        |
| 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_09                                   |
---------------------------------------------------------
```

CP15OV
======
          OMITTED.

```
END_LP02
========
            OMITTED.


BOX_07
======
            OMITTED.


BOX_08
======
            OMITTED.


CP16
====
            OMITTED.


CP17
====
            OMITTED.


CP17OV1
=======
            OMITTED.


CP17OV2
=======
            OMITTED.


BOX_11
======
            OMITTED.


BOX_10
======
            OMITTED.


CP18
====
            OMITTED.


CP19
====
            OMITTED.


CP19OV1
=======
            OMITTED.


CP19OV2
=======
            OMITTED.
```

CP20
====

      OMITTED.

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


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), 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 |
---------------------------------------------------

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

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 {this hospital stay/this visit/the last
purchase of {NAME OF PRESCRIBED MEDICINE}/the services for {FLAT
FEE GROUP}/the {OME ITEM GROUP NAME}/the services received at home}?

        YES .... 1 {CP22}
        NO .... 2 {CP37}
        REF .... -7 {CP37}
        DK .... -8 {CP37}

    | this hospital stay: DISPLAY IF EVENT TYPE IS HS. |
    | |
    | this visit: DISPLAY IF EVENT TYPE IS ER, OP, MV, |
    | OR DN. |
    | |
    | 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 services for {FLAT FEE GROUP}: DISPLAY IF |
    | EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP. |
    | |
    | FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE |
    | FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT |
    | FF03. |
    | |
    | the {OME ITEM GROUP NAME}: DISPLAY IF EVENT TYPE |
    | IS OM. |
    | |
    | the services received at home: 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 '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.                         |
-----------------------------------------------------
```

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}}

$

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

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

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}}

        %

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

      | 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
======

        OMITTED.

LOOP_03
=======

        OMITTED.

BOX_LP03
========

        OMITTED.

CP23
====

        OMITTED.

CP24
====

        OMITTED.

CP24OV
======

        OMITTED.

```
END_LP03
========
          OMITTED.


LOOP_04
=======
          OMITTED.


BOX_LP04
========
          OMITTED.


CP25
====
          OMITTED.


CP26
====
          OMITTED.


CP26OV
======
          OMITTED.


END_LP04
========
          OMITTED.


BOX_15
======
          OMITTED.


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
======
      OMITTED.

BOX_20
======
      OMITTED.

CP31
====
      OMITTED.

CP32
====
      OMITTED.

CP32OV1
=======
      OMITTED.

CP32OV2
=======
      OMITTED.

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 {THIS EVENT/THIS FLAT FEE GROUP/
THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE}/THE {OME ITEM
GROUP NAME}}?

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]

```
--------------------------------------------------
| THIS EVENT: DISPLAY IF EVENT TYPE IS HS, OP, ER, |
| MV, DN, OR HH.                                   |
|                                                  |
| THIS 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}: DISPLAY IF EVENT TYPE |
| IS OM.                                           |
--------------------------------------------------
```

```
------------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE      |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED       |
| ABOUT FOR THIS EVENT.                               |
|                                                     |
|    DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT     |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
|    OR CONTACT LENSES).                              |
|                                                     |
|    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
======

        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                             |
        -------------------------------------------------------
```

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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                     |
 ------------------------------------------------------
```

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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) OR '3' (USUALLY PAYS $0)    |
| AND                                                 |
| CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR      |
| AMOUNT GREATER THAN OR EQUAL TO (=>) $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.                 |
-------------------------------------------------------
```

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