BOX_00A
=======

```
---------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                  |
|  DISPLAY PERS.FULLNAME, PROV.PROVNAME,                 |
|  EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD,          |
|  EVPV.EVNTBEGY, EVPV.EVNTENDM, EVPV.EVNTENDD,          |
|  EVPV.EVNTENDY, FFEE.FFEENAME                          |
---------------------------------------------------------


---------------------------------------------------------
|  IF OMTYPE = 4-11, 91 USE "JAN 01" FOR START DATE.     |
---------------------------------------------------------
```

BOX_01
======

```
---------------------------------------------------------
|  IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-|
|  GROUPS-ROSTER, GO TO FF02                             |
---------------------------------------------------------


---------------------------------------------------------
|  OTHERWISE, CONTINUE WITH FF01                         |
---------------------------------------------------------
```

FF01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

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

REVIEW FLAT FEE GROUPS WITH RESPONDENT.
SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING ASKED
ABOUT.

    [1. Flat Fee Group] ....
    [2. Flat Fee Group] ....
    [3. Flat Fee Group] ....

[Code One]

```
  -------------------------------------------------
  |  DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |
  |                                                 |
  |  DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |
  |  OR DN.                                         |
  |                                                 |
  |  DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |
  |  IS OM.                                         |
  |                                                 |
  |  DISPLAY 'the services received at home' IF EVENT  |
  |  TYPE IS HH.                                    |
  -------------------------------------------------
```

```
------------------------------------------------------
| FOR {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.                         |
|                                                    |
| FOR '{START DATE}', DISPLAYED IN THE CONTEXT       |
| HEADER, DISPLAY THE START DATE OF THE CURRENT      |
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE  |
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}' |
| FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE     |
| (EV02A=2).                                         |
------------------------------------------------------
```

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

```
---------------------------------------------------------
|  SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE         |
|  GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED    |
|  TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT    |
|  ROUND OR A PREVIOUS ROUND.                          |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  DISPLAY AN 'ADD GROUP' OPTION ON THIS SCREEN.       |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02       |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  IF 'ADD GROUP' IS SELECTED, CONTINUE WITH FF02      |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  ROSTER DETAILS:                                     |
|  TITLE: PERS_FFEE_GROUPS_1                           |
|                                                      |
|  COL # 1 HEADER: FLAT FEE GROUP                      |
|  INSTRUCTIONS: DISPLAY FLAT FEE GROUP NAME           |
|  (FFEE.FFEENAME)                                     |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  ROSTER DEFINITION:                                  |
|  DISPLAY THE PERSON'S-FLAT-FEE-GROUPS-ROSTER FOR     |
|  SELECTION.                                          |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  ROSTER BEHAVIOR:                                    |
|  1. SELECT ALLOWED.                                  |
|                                                      |
|  2. ADD ALLOWED.                                     |
|                                                      |
|  3. MULTIPLE SELECT, MULTIPLE ADD, DELETE, AND       |
|     EDIT DISALLOWED.                                 |
---------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER FILTER:                                     |
|  NO FILTER; DISPLAY ALL.                            |
 -------------------------------------------------------
```

FF02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

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

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

ROSTER. PROVIDER	FF02_02. EVENT TYPE	FF02_03. ADMIT DATE	FF02_04 DISCH DATE
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]

```
      -------------------------------------------------------
      |  DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |
      |                                                     |
      |  DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |
      |  OR DN.                                             |
      |                                                     |
      |  DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |
      |  IS OM.                                             |
      |                                                     |
      |  DISPLAY 'the services received at home' IF EVENT  |
      |  TYPE IS HH.                                         |
       -------------------------------------------------------
```

5

```
-----------------------------------------------------
| FOR {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.                          |
|                                                   |
| FOR '{START DATE}', DISPLAYED IN THE CONTEXT      |
| HEADER, DISPLAY THE START DATE OF THE CURRENT     |
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE |
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}'|
| FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE    |
| (EV02A=2).                                        |
-----------------------------------------------------
```

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


---------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: PERS_MED_EVNT_1                            |
|                                                   |
| COL # 1 HEADER: PROVIDER                          |
| INSTRUCTIONS: DISPLAY THE NAME OF PROVIDER        |
| ASSOCIATED WITH THIS EVENT (EVNT.LORPNAME)        |
|                                                   |
| COL # 2 HEADER: EVENT TYPE                        |
| INSTRUCTIONS: DISPLAY THE TWO-LETTER EVENT        |
| ABBREVIATION (EVNT.EVNTTYPE)                      |
|                                                   |
| COL # 3 HEADER: ADMIT DATE                        |
| INSTRUCTIONS: DISPLAY THE MONTH, DAY, AND YEAR OF |
| MEDICAL EVENTS (EVNT.EVNTBEGM, EVNT.EVNTBEGD,     |
| EVNT.EVNTBEGY)                                    |
|                                                   |
| COL # 4 HEADER: DISCHARGE DATE                    |
| INSTRUCTIONS: DISPLAY THE DISCHARGE DATE FOR      |
| HOSPITAL STAY EVENTS (EVNT.EVNTENDM,              |
| EVNT.EVNTENDD, EVNT.EVNTENDY)                     |
---------------------------------------------------


---------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON'S-|
| MEDICAL-EVENTS-ROSTER FOR SELECTION.             |
---------------------------------------------------


---------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
|                                                   |
| 2. ADD, DELETE, AND EDIT DISALLOWED.             |
---------------------------------------------------
```

```
-------------------------------------------------------
| ROSTER FILTER:                                      |
| 1. EVENT HAS CP STATUS OF 'PROCESSED' OR            |
|    'UNPROCESSED' (DISPLAY EVENT REGARDLESS OF CP     |
|    STATUS).                                          |
|                                                     |
| 2. EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE      |
|    GROUP OR A REPEAT VISIT GROUP.                   |
|                                                     |
| 3. EVENT IS NOT ALREADY CODED (VERIFIED) AS A       |
|    COPAYMENT.                                        |
|                                                     |
| 4. EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN),   |
|    OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR         |
|    EQUIPMENT).                                       |
|                                                     |
| 5. EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE   |
|    CODED '95' (STILL IN HOSPITAL).                  |
|                                                     |
| 6. EVENT IS NOT AN MV OR OP EVENT THAT WAS A        |
|    TELEPHONE CALL (OP02 OR MV01 CODED '2').         |
|                                                     |
| 7. EVENT IS NOT A HH EVENT WITH EVENT DATE =        |
|    INTERVIEW MONTH.                                  |
|                                                     |
| 8. DISPLAY 'EVENT OUTSIDE REFERENCE PERIOD' AS      |
|    THE LAST ENTRY IN THE 'PROVIDER' COLUMN.         |
-------------------------------------------------------
```

FF03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

```
-------------------------------------------------------
| WRITE FLAT FEE GROUP TO PERSON'S-FLAT-FEE-GROUPS-   |
| ROSTER.                                             |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF ROUND 1, CONTINUE WITH FF04                      |
-------------------------------------------------------
```

```
        -----------------------------------------------------
        |  IF ROUND 5, GO TO FF09                            |
         -----------------------------------------------------


        -----------------------------------------------------
        |  OTHERWISE, GO TO BOX_02                           |
        -----------------------------------------------------
```

FF04
====

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

Did the charge which included the services for {FLAT FEE GROUP}
cover any visits before {START DATE}?

```
     YES ..................................... 1 {FF05}
     NO ...................................... 2 {FF06}
     REF .................................... -7 {FF06}
     DK ..................................... -8 {FF06}
```

```
     -----------------------------------------------------
     |  FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE FLAT|
     |  FEE GROUP SELECTED AT FF02 OR ENTERED AT FF03.    |
     -----------------------------------------------------
```

FF05
====

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

How many visits did {you/{PERSON}} have before {START DATE}?

NUMBER OF VISITS:

```
     [Enter Number] .......................... {FF06}
     REF .................................... -7 {FF06}
     DK ..................................... -8 {FF06}
```

FF06
====

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

    Did the charge that included the services for {FLAT FEE GROUP} cover
    any surgical procedures before {START DATE}?

        YES .... 1 {FF07}
        NO .... 2 {BOX_02}
        REF .... -7 {BOX_02}
        DK .... -8 {BOX_02}

     HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

        | FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE |
        | FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT |
        | FF03. |

FF07
====

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

    INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE
    FLAT FEE GROUP?

        YES .... 1 {BOX_02}
        NO 2
        REF .... -7
        DK .... -8

FF08
====

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

Was this the kind of surgery for which {you/{PERSON}} had to stay in
the hospital at least one night or {were/was} {you/he/she} allowed to
go home the same day of the surgery?

```
    AT LEAST ONE NIGHT ...................... 1 {BOX_02}
    SAME DAY ............................... 2 {BOX_02}
    REF .................................... -7 {BOX_02}
    DK ..................................... -8 {BOX_02}
```

[Code One]

FF09
====

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

Will the charge which includes the services for {FLAT FEE GROUP}
cover any visits after December 31, {YEAR}?

```
    YES .................................... 1 {FF10}
    NO ..................................... 2 {FF11}
    REF .................................... -7 {FF11}
    DK ..................................... -8 {FF11}
```

```
    ---------------------------------------------------
    |   FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE   |
    |   FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT   |
    |   FF03.                                           |
    ---------------------------------------------------


    ---------------------------------------------------
    |   (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
    |   AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,    |
    |   DISPLAY THE SECOND YEAR OF THE PANEL.           |
    ---------------------------------------------------
```

FF10
====

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

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

          NUMBER OF VISITS:

              [Enter Number] ......................... {FF11}
              REF ................................. -7 {FF11}
              DK .................................. -8 {FF11}


              ----------------------------------------------------
              | (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
              | AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,     |
              | DISPLAY THE SECOND YEAR OF THE PANEL.            |
              ----------------------------------------------------
```

FF11
====

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

          Will the charge that includes the services for {FLAT FEE GROUP}
          cover any surgical procedures after December 31, {YEAR}?

              YES ................................. 1 {FF12}
              NO .................................. 2 {BOX_02}
              REF ................................ -7 {BOX_02}
              DK ................................. -8 {BOX_02}


           HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.


              ----------------------------------------------------
              |  FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE   |
              |  FLAT FEE GROUP SELECTED AT FF02 OR ENTERED AT   |
              |  FF03.                                          |
              ----------------------------------------------------


              ----------------------------------------------------
              | (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
              | AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,     |
              | DISPLAY THE SECOND YEAR OF THE PANEL.            |
              ----------------------------------------------------
```

FF12
====

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

        INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF
        THE FLAT FEE GROUP?

                YES .... 1 {BOX_02}
                NO .... 2 {FF13}
                REF .... -7 {FF13}
                DK .... -8 {FF13}

FF13
====

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

        Will this be the kind of surgery for which {you/{PERSON}} {have/has}
        to stay in the hospital at least one night or will {you/he/she} be
        allowed to go home the same day of the surgery?

                AT LEAST ONE NIGHT .... 1 {BOX_02}
                SAME DAY .... 2 {BOX_02}
                REF .... -7 {BOX_02}
                DK .... -8 {BOX_02}

                            [Code One]

BOX_02
======

                | RETURN TO THE EVENT DRIVER FOR THIS EVENT- |
                | PROVIDER PAIR. IF EVENT-PROVIDER PAIR BEING ASKED |
                | ABOUT WAS PART OF AN EXISTING FLAT FEE GROUP (A |
                | NAME WAS SELECTED AT FF01), FLAG THE CP STATUS |
                | OF THE EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A |
                | NEW FLAT FEE GROUP WAS FORMED AT FF02, THE |
                | COMPLETE (FROM THE BEGINNING) CP SECTION WILL BE |
                | ASKED FOR THIS FLAT FEE GROUP. |