Flat Fee (FF) Section

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 (PERSON). Please tell me if any of these groups include the charge that covered {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)}.

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[Code One]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL FLAT FEE GROUPS ON THE PERSON'S-FLAT-FEE-GROUPS-ROSTER CREATED IN THIS ROUND AND IN THE PREVIOUS ROUNDS.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THE ROSTER.

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

IF 'NONE OF THE ABOVE' IS SELECTED, CONTINUE WITH | FF02

NOTE:SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEEGROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDEDTO ANY FLAT FEE GROUP CREATED DURING THE CURRENTROUND OR A PREVIOUS ROUND.

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 (PERSON). Please tell me which of these were included in the same charge that covered {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)}.

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

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

_____ ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON'S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS: - EVENT HAS CP STATUS OF 'PROCESSED' OR 'UNPROCESSED' - EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT) - EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE CODED '95' (STILL IN HOSPITAL) - EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED '2') EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH _____

DISPLAY 'OUTSIDE REFERENCE PERIOD' AS THE LAST ENTRY IN THE 'EVENT DATE' COLUMN.

FF03

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{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

 OTHERWISE, GO TO BOX_02

FF04

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{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
NO	2 {FF06}
REF	. ,
DK	8 {FF06}

FF05

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

How many visits did (PERSON) have before (START DATE)?

[Enter Number]	
REF	7
DK	8

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
NO 2 {BOX_02}
REF7 {BOX_02}
DK8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

MEPS FAMES Panel 1 Round 3 Flat Fee (FF) Section January 31, 1997

FF07

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{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

[Code One]

FF08

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{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 (PERSON) had to stay in the hospital at least one night or (were/was) (PERSON) allowed to go home the same day of the surgery?

AT LEAST	ONE	NIGHT	 	 1
SAME DAY			 	 2
REF			 	 7
DK	• • •		 	

[Code One]

BOX_02

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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.