

Flat Fee (FF) Section

BOX_01

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| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE- |
| GROUPS-ROSTER, GO TO FF02                          |
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| OTHERWISE, CONTINUE WITH FF01                       |
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FF01

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

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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.

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

[Code One]

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| 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. |
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| 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 FEE |
| GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED |
| TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT |
ROUND OR A PREVIOUS ROUND.

FF02
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{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 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]

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

IF ROUND 5, GO TO FF09

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 -7 {FF06}
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}
REF -7 {BOX_02}
DK -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

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

[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 {BOX_02}
SAME DAY 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

FF09
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{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, 1998?

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

FF10
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Approximately, how many visits will (PERSON) have after December 31, 1998?

[Enter Number]
REF -7
DK -8

FF11
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{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, 1998?

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

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

FF12
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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]

FF13
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{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 (PERSON) has to stay
in the hospital at least one night or will (PERSON) be allowed
to go home the same day of the surgery?

AT LEAST ONE NIGHT 1
SAME DAY 2
REF -7
DK -8

[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.