

Flat Fee (FF) Section

BOX_00A

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

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]

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| 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. |  
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| 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.

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| ROSTER FILTER:                               |
| NO FILTER; DISPLAY ALL.                       |
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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 {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]

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-----
| 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.                                       |
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| 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.

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- | 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. |
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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 |

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| IF ROUND 5, GO TO FF09 |  
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-----  
| OTHERWISE, GO TO BOX_02 |  
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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}

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

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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

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.