Charge Payment (CP) Section

BOX_00A
=======

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

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

```
--------------------------------------------------------
| (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
======

```
--------------------------------------------------------
| 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, AND CP14A) 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} {EV}

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 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: "THE      |
| SOURCES ROSTER IS EMPTY."                       |
---------------------------------------------------


---------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY ALL SOURCES OF PAYMENT THAT ARE NOT     |
| PERSON/FAMILY.                                  |
---------------------------------------------------
```

7

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

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

```
-------------------------------------------------------
| 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]

14

```
------------------------------------------------------
| {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                   |
    ----------------------------------------------------
```

16

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

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

19

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.

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

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

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

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

34

```
-----------------------------------------------------
| 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 CP090V 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.

37

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. |

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

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.

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

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

43

```
-----------------------------------------------------
| {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: "THE          |
| SOURCES ROSTER IS EMPTY."                           |
|                                                     |
| 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.                                          |
         -----------------------------------------------------
```

BOX_06
======

```
         -----------------------------------------------------
         |  IF 'AMOUNT PAID' BY PERSON/FAMILY > $0, CONTINUE |
         |  WITH CP14                                        |
         -----------------------------------------------------
```

```
         -----------------------------------------------------
         |  OTHERWISE, GO TO BOX_09                          |
         -----------------------------------------------------
```

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

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

57

```
-------------------------------------------------------
| 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. 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. 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.'                                           |
|                                                     |
| 5. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN,    |
| DISPLAY THE STANDARD WVS INSTRUCTION: "THE          |
| SOURCES ROSTER IS EMPTY."                           |
-------------------------------------------------------

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

60

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

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

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

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

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