

BOX_00 (CP1000) Item Type: Route Type Class: If Then

Route Details: 01 Box = BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_50, BOX_60, BOX_70, BOX_80, BOX_90, BOX_100, BOX_110, BOX_120, BOX_130, BOX_140, BOX_150

04 Single Select = CP20, CP40, CP60, CP70, CP100, CP110, CP160, CP170, CP180, CP190, CP210, CP240

06 Single Select with Fill in Answer Text = CP10, CP80, CP120, CP130, CP140

11 Multiple Select with Add/Edit/Delete = CP220

18 Dollar Items Not Allowing Cents = CP30, CP150, CP200, CP230

23 Text Field = CP90

24 Information Screen = CP50

Grid 2 = CP230

BOX 10

(CP1001)

Item Type: Route

Type Class: If Then

Route Details:

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

Display {NAME OF MEDICAL CARE PROVIDER} in the context header if the event type is not 'OM' (Other Medical Expenses). Otherwise, use null value.

Display {EVN-DT} in the context header if event type is not 'OM' (Other Medical Expenses).

Display {REF-DT} in the context header if event type is 'OM' (Other Medical Expenses).

Display 'repeat visit: {NAME OF REPEAT VISIT GROUP}' in the context header if this event is a repeat visit stem.

For '{REF- DT}', displayed in the context header, display the start date of the current round.

Display {OME ITEM GROUP NAME} in the context header if the event type is OM. For {OME ITEM GROUP NAME} display the name of the other medical expenses item group being asked about for this event.

Display 'Glasses or Contact Lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES' (EE40='1' YES, EE50='1' YES, or OM10 = '1' YES).

Display 'Ambulance Services' if this is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES).

Display 'Disposable Supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES).

Display 'Long-term Medical Equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).

Full Detail Spec

BOX 20**(CP1005)****Item Type:** Route**Type Class:** If Then**Route Details:**

Throughout the Charge/Payment (CP) section, entry of all dollar amounts will include only whole dollars. Entry of cents will be disallowed.

Some items (CP220) in this section allow the addition of a source of payment for the RU. When the interviewer presses CTRL-A, CAPI displays a pop-up with a blank entry field and a selectable pick list of some common sources as follows:

What is the source of payment?

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'
- 'Other Source not listed'
- When 'Other Source not listed' is selected, CAPI should display a text box for entry

Display '/STATE NAME FOR MEDICAID' (substituting the real state name for program) if the state in which interview being conducted does not use the name 'Medicaid'. Otherwise, use a null display. For the specific name to use by state, see the plan fill file.

Display 'STATE NAME FOR CHIP' under all conditions (substituting the real state name for program). For the specific name to use by state, see the plan fill file.

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. If a source already listed in the roster is added at the pick list pop-up for a second time, CAPI should display the following error message: "SOURCE ALREADY ADDED. VERIFY. IF SAME SOURCE, CANCEL POP-UP AND SELECT SOURCE AT MAIN QUESTION."

If event type is HH

and

HH provider associated with the event being asked about is coded 'AGENCY' (EV60 = 1 'WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME'), 'INFORMAL' (EV50 = 1 'FRIEND/NEIGHBOR', 2 'RELATIVE', 3 'VOLUNTEER') or 'VOLUNTEERED: MEAL DELIVERY SERVICE' (EV50=5 VOLUNTEERED MEAL DELIVERY SERVICE) go to BOX_150.

BOX 30 **(CP1050)** **Item Type:** Route **Type Class:** If Then

Route Details: If event type is ER, OP, MV, or DN, and is first time through charge payment for this person-provider pair and pair was flagged as 'COPAYMENT SITUATION' during the previous round (Provider.PersonProvider (CoPaySituation)) (OM events can't be flagged as a copayment situation), continue with BOX_40.

Otherwise, go to CP50.

NOTE: Copayment data at a person-provider level needs to come forward from the previous round (Provider.PersonProvider (CoPaySituation)).

BOX 40 **(CP1051)** **Item Type:** Route **Type Class:** If Then

Route Details: If copay amount from previous round is greater than \$0, go to CP10 (Provider.Person[1].CPayAmt).

If copay amount from previous round is equal to \$0, go to CP40 (Provider.Person[1].CPayAmt).

CP10	(CP1055)	BLAISE NAME: CPaySameLRnd		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TCPAYSAME	Answers allowed: 1	ArrayMax:	Max value:

Help Available (CPayHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

My records indicate that at the last interview, {you/{PERSON}} (or someone in the family) usually pay{s} a {\$ AMT COPAY} copayment to {PROVIDER}. Is this still correct?

HELP: F1

Responses:	YES, STILL PAY {\$ AMT COPAY}.....	1	CP50	(CP1065)
	NO	2	CP20	(CP1056)
	REFUSED	RF	CP50	(CP1065)
	DON'T KNOW	DK	CP50	(CP1065)

Programmer Instructions: If coded '1' (YES, STILL PAY {\$ AMT COPAY}), 'RF' (REFUSED), OR 'DK' (DON'T KNOW), flag this person-provider as 'copayment situation' for the current round and set copayment amount from the previous round (Provider.PersonProvider[l].CpayAmt) as this person-provider pair's copayment amount for the current round.

Display Instructions: For '\$ AMT COPAY' in the question text and response option '1' (YES, STILL PAY {\$ AMT COPAY}), display the CP200 amount flagged as 'copayment situation' during the previous round (Provider.PersonProvider[l].CpayAmt) for this person-provider pair.

Full Detail Spec

CP20

(CP1056)

BLAISE NAME: CPayChng

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**

Type Class: Enumerated **Field Size:**

Answer Type: TCCOPYMTCHNGD **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (CPayHelp)

Show Card ()

Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Has your copayment amount changed, or do you no longer have a copayment?

HELP: F1

Responses:	PAY A DIFFERENT COPAYMENT AMOUNT	...	1	CP30	(CP1060)
	NOT A COPAYMENT SITUATION ANYMORE	.	2	CP50	(CP1065)
	REFUSED	.....		RF CP50	(CP1065)
	DON'T KNOW	.....		DK CP50	(CP1065)

Programmer Instructions: If coded 2 'NOT A COPAYMENT SITUATION ANYMORE', DK 'DON'T KNOW', or RF 'REFUSED', do not flag this person-provider as 'copayment situation' for the current round.

Display Instructions:

CP40	(CP1061)	BLAISE NAME: ProvNoPay		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:

Help Available (CPayHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

My records indicate that at the last interview, {you/{PERSON}} (or someone in the family) do not usually have to make any payments for visits to {PROVIDER}. Is this still correct?

HELP: F1

Responses:	YES	.....	1	CP50	(CP1065)
	NO	.....	2	CP50	(CP1065)
	REFUSED	.....	RF	CP50	(CP1065)
	DON'T KNOW	.....	DK	CP50	(CP1065)

Programmer Instructions: If coded '1' (YES), DK 'DON'T KNOW', or RF 'REFUSED', flag this person-provider pair as 'copayment situation' for the current round and set copayment amount from the previous round (Provider.PersonProvider[1].CPayAmt) as the person's copayment amount for the current round (\$0).

 If coded '2' (NO), do not flag this person-provider as 'copayment situation' for the current round.

Display Instructions:

Full Detail Spec

CP50	(CP1065)	BLAISE NAME: CPayIntro
Item Type:	Instruction	Field kind: Datafield
Type Class:	Enumerated	
Answer Type:	TContinue	Answers allowed: 1

Help Available (CPayIntroHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

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 {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 1 AND ENTER TO CONTINUE.

HELP: F1

Responses: CONTINUE 1

Programmer Instructions: If event type is ER, OP, MV, or DN and person-provider pair is flagged as 'COPAYMENT SITUATION' for the current round, go to CP60.

Otherwise, go to CP70.

Display Instructions:

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 '{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 this is an event for 'GLASSES OR CONTACT LENSES' (EE40='1' YES, EE50='1' YES, or OM10='1' YES).

Display 'ambulance services' if This is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES)

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES)

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).

Full Detail Spec

CP60 **(CP1075)** **BLAISE NAME:** CPayOnlyAmt
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TYESNO **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (CPayHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVNDT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

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?

HELP: F1

Responses: YES 1 BOX_130 (CP1485)
 NO 2 CP70 (CP1080)
 REFUSED RF CP70 (CP1080)
 DON'T KNOW DK CP70 (CP1080)

Programmer Instructions: 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), 'RF' (REFUSED), or 'DK' (DON'T KNOW), do NOT copy the copayment charge payment data for this person-provider pair to this event-provider pair. Full charge payment data for this event-provider pair will be collected. The copayment flag remains unchanged for this person-provider pair, however, it is not applied to this particular event.

Display Instructions: Display 'only paid the {\$ AMT COPAY} copayment' if this person-provider pair's copayment amount for the current round does not equal zero (\$0).

For '\$ AMT COPAY': Display the current copayment amount for this person-provider pair for this round (confirmed at CP10, updated at CP30, or amount entered at CP200 and set as current copayment amount per BOX_140).

Display 'paid nothing' if this person-provider pair's copayment amount for the current round equals zero (\$0).

Full Detail Spec

CP70

(CP1080)

BLAISE NAME: EypvRcvBill

Item Type:

Question

Field kind: Datafield

ArrayMin:

Min value:

Type Class:

Enumerated

Field Size:

Answer Type:

TYESNO4

Answers allowed: 1

ArrayMax:

Max value:

Help Available (RcvBillHelp)

Show Card ()

Look Up File ()

Context Header:

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REFDT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

{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 {OME ITEM GROUP NAME}/the services received at home}?

HELP: F1

Responses:

YES, AND DOCUMENTATION AVAILABLE	----	1	BOX_50	(CP1096)
YES, BUT DOCUMENTATION NOT AVAILABLE	-----	2	BOX_50	(CP1096)
NO	.....	3	CP80	(CP1085)
REFUSED	.....	RF	CP80	(CP1085)
DON'T KNOW	.....	DK	CP80	(CP1085)

**Display
Instructions:**

Display 'this hospital stay' if event type is HS.

Display 'this visit' if event type is ER, OP, MV, OR DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' if event type is HH.

For {OME ITEM GROUP NAME} display the name of the other medical expenses item group being asked about for this event.

Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10='1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Full Detail Spec

CP80

(CP1085)

BLAISE NAME: EypvYNoBill

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TYNOBILL **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (YNoBillHelp) Show Card (CP-1) Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

CP-1.

Please look at 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.}

HELP: F1

- Responses:**
- PAID AT TIME OF VISIT 1 BOX_50 (CP1096)
 - MADE A COPAYMENT 2 BOX_50 (CP1096)
 - BILL SENT DIRECTLY TO OTHER SOURCE 3 CP90 (CP1090)
 - BILL HAS NOT ARRIVED 4 BOX_50 (CP1096)
 - NO BILL SENT: HMO PLAN 5 BOX_50 (CP1096)
 - NO BILL SENT: VA (VETERANS ADMINISTRATION)/CHAMPVA 6 BOX_50 (CP1096)
 - NO BILL SENT: MILITARY FACILITY..... 7 BOX_50 (CP1096)
 - NO BILL SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP 8 BOX_50 (CP1096)
 - NO BILL SENT: INDIAN HEALTH SERVICE (IHS) 9 BOX_50 (CP1096)
 - NO BILL SENT: WORKER'S COMPENSATION 10 BOX_50 (CP1096)
 - NO BILL SENT: PRIVATE HEALTH CENTER/CLINIC 11 BOX_50 (CP1096)
 - NO BILL SENT: PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY 12 BOX_50 (CP1096)
 - NO CHARGE: TELEPHONE CALL 13 BOX_130 (CP1485)
 - FREE FROM PROVIDER 14 BOX_130 (CP1485)
 - GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS 15 BOX_130 (CP1485)
 - {INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)} 95
 - REFUSED RF BOX_50 (CP1096)
 - DON'T KNOW DK BOX_50 (CP1096)

Programmer Instructions: If 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' is selected, and event-provider pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions: Display the interviewer instruction "SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION." if event-provider pair does not represent repeat visit stem or this is not an OM event. Otherwise, use a null display.

Display response option 95 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

CP90	(CP1090)	BLAISE NAME: EvpvWhereBill		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	String	Field Size: 45		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV}{OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
To whom was the bill sent?

RECORD VERBATIM.

Responses:

.....	1	CP100	(CP1095)
REFUSED	RF	CP100	(CP1095)
DON'T KNOW	DK	CP100	(CP1095)

**Display
Instructions:**

CP100	(CP1095)	BLAISE NAME: EvpvWhereBillTp		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TWHOBILLC	Answers allowed: 1	ArrayMax:	Max value:

Help Available (WhereBillTpHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

INTERVIEWER: SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HELP: F1

Responses:	HMO	1	BOX_50	(CP1096)
	VA (VETERANS ADMINISTRATION)/CHAMPVA	2	BOX_50	(CP1096)
	TRICARE	3	BOX_50	(CP1096)
	OTHER MILITARY	4	BOX_50	(CP1096)
	PUBLIC ASSISTANCE/MEDICAID/SCHIP	5	BOX_50	(CP1096)
	WORKER'S COMPENSATION	6	BOX_50	(CP1096)
	PRIVATE INSURANCE COMPANY	7	BOX_50	(CP1096)
	INDIAN HEALTH SERVICE (IHS)	8	BOX_50	(CP1096)
	OTHER	91	BOX_50	(CP1096)
	REFUSED	RF	BOX_50	(CP1096)
	DON'T KNOW	DK	BOX_50	(CP1096)

**Display
Instructions:**

BOX 50 **(CP1096)** **Item Type:** Route **Type Class:** If Then

Route Details: If event is for orthodontics (DN20=12 'ORTHODONTIA, BRACES, OR RETAINERS') or dental restorative services (DN20=6 'FILLINGS, INLAYS, CROWNS OR CAPS' or 7 'Root Canal'), go to CP110.

Otherwise, go to BOX_60.

CP110 **(CP1097)** **BLAISE NAME:** FFeeSituation
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TYESNO **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Sometimes a person can be charged a 'lump sum' for orthodontia or dental restorative treatments that require a series of visits like braces, retainers, fillings, inlays, crowns, or caps. We call this "a flat fee situation." Is {your/{PERSON}'s} visit to {PROVIDER} on {VISIT DATE} part of a flat fee?

Responses: YES 1
 NO 2 BOX_60 (CP1098)
 REFUSED RF BOX_60 (CP1098)
 DON'T KNOW DK BOX_60 (CP1098)

Programmer Instructions: If coded '1' YES, and event-provider pair does not represent a repeat visit group, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions:

BOX 60 **(CP1098)** **Item Type:** Route **Type Class:** If Then

Route Details: If CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE) or '2' (YES, BUT DOCUMENTATION NOT AVAILABLE);
or
If CP80 is coded '1' (PAID AT TIME OF VISIT), '2' (MADE A COPAYMENT), '4' (BILL HAS NOT ARRIVED), 'DK' (DON'T KNOW), or 'RF' (REFUSED);
or
If CP100 is coded '3' (TRICARE), '91' (OTHER), 'DK' (DON'T KNOW), or 'RF' (REFUSED);
Go to CP120.

Otherwise, continue with BOX_70.

BOX 70 **(CP1100)** **Item Type:** Route **Type Class:** If Then

Route Details: If:
- Event type is OM OR HH
or
- event type is HS,
go to CP200.

Otherwise, go to CP170.

Programmer Instructions: If:
Coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
And
(event type is OM or HH or HS,
go to CP200.

If:
coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
And
event type is ER, OP, MV, or DN, go to CP170.

If coded 95 'INCLUDED WITH OTHER CHARGES' (E.G. FLAT FEE) and the event-provider pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions:

Display 'this hospital stay' if event type is HS.

Display 'this visit' if event type is ER, OP, MV, or DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' if event type is HH.

Display the interviewer instruction "ENTER 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION" if event-provider pair does not represent a repeat visit stem or this is not an OM event. 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 this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10= '1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Display response option 95 "INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)" if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

BOX 80 **(CP1106)** **Item Type:** Route **Type Class:** If Then

Route Details: If the current event type is OM= '3' (DISPOSABLE SUPPLIES) then go to CP130.
Else go to CP140.

CP130 **(CP1107)** **BLAISE NAME:** EvpvTotChrgRng
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TCTOTCHRG **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (TotChrgHelp) Show Card (CP-2) Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {REF-DT}

Question Text:

CP-2

Please look at card CP-2, and tell me how much the total charge was for all of the disposable supplies purchased {since {START DATE}/between {START DATE} and {END DATE}}? Include any amounts that may be paid by health insurance or other sources. Was it \$0, \$1 to \$10, \$11 to \$30, \$31 to \$100, \$101 or more?

HELP: F1

Responses:

\$0	1	BOX_130	(CP1485)
\$1 TO \$10	2	CP180	(CP1126)
\$11 TO \$30	3	CP180	(CP1126)
\$31 TO \$100	4	CP180	(CP1126)
\$101 OR MORE	5	CP180	(CP1126)
REFUSED	RF	CP190	(CP1127)
DON'T KNOW	DK	CP190	(CP1127)

Display Instructions: Display 'Since {START DATE}' if not round 5. Display 'Between {START DATE} and {END DATE}', if round 5.

Programmer Instructions: If coded '95' 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' and the event-provider-pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions: Display 'Do not include any services 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 CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). 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, or HH. 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 repeat visit stem or this is not a OM event. Otherwise, use a null display.

Display response option 95 'INCLUDED W/OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

CP150	(CP1115)	BLAISE NAME: EvpvTotChrg		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value: 0
Type Class:	Integer	Field Size: 6		
Answer Type:	{Continuous Answer.}	Answers allowed: 1	ArrayMax:	Max value: 999999

Help Available (EvpvChrgHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

[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.]

ENTER AMOUNT.

HELP: F1

Responses:

..... 1
 REFUSED RF
 DON'T KNOW DK

**Programmer
Instructions:**

If the amount is \$0, go to BOX_130.

If:

event type is ER, OP, MV, or DN
and

total charge is a non-zero whole number \leq \$50.00 or CP150 is coded 'RF' (REFUSED)
or 'DK' (DON'T KNOW), go to CP170.

If the amount is not \$0, DK, or RF and the event type is HH, continue with CP160.

Otherwise, go to CP200.

Soft check: If amount entered is \geq \$100,000, display the following message: display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Hard check:

Amount cannot be < 0 .

**Display
Instructions:**

Display the question text "How much...other sources?" and "IF WORKING...DENIED CHARGES" in brackets and grayed-out text.

Display 'Do not include any services billed for separately such as physician charges or other services.' in brackets and grayed-out text, 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}.' In brackets and grayed-out text, if CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). 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, or HH. Otherwise, use a null display.

Full Detail Spec

CP160	(CP1120)	BLAISE NAME: EvpvMonthly		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO_MONTHLY	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
 {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

You said that the total charge for the services received at home was {\$ AMOUNT}. Is that dollar amount a monthly amount or not?

Responses:

YES, MONTHLY AMOUNT	1	CP200	(CP1130)
NO, NOT A MONTHLY AMOUNT	2		
REFUSED	RF	CP200	(CP1130)
DON'T KNOW	DK	CP200	(CP1130)

Programmer Instructions: {\$ AMOUNT}: Display amount entered at CP150.

Hard Check:
 If coded '2' (NO), display the following message: "IF {\$ AMOUNT} IS NOT THE MONTHLY AMOUNT CHARGED, CORRECT TOTAL CHARGE AT CP150 (EvpvTotChrg)." CAPI displays a selection CP150 as an option to return to. Code '2' (NO) is never allowed as a final response at CP160.

Display Instructions:

Full Detail Spec

CP170

(CP1125)

BLAISE NAME: EvpvSetAmt

Item Type:

Question

Field kind: Datafield

ArrayMin:

Min value:

Type Class:

Enumerated

Field Size:

Answer Type:

TYESNOFF2

Answers allowed: 1

ArrayMax:

Max value:

Help Available (EvpvSetAmtHelp)

Show Card ()

Look Up File ()

Context Header:

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Is this the type of situation in which {you/he/she} always {make/makes} the same set dollar amount copayment regardless of what happens during the visit?

HELP: F1

Responses:

YES	1	CP200	(CP1130)
NO	2	CP200	(CP1130)
USUALLY PAYS \$0 (REGARDLESS OF SERVICE)	3	CP200	(CP1130)
REFUSED	RF	CP200	(CP1130)
DON'T KNOW	DK	CP200	(CP1130)

Display

Instructions:

Full Detail Spec

CP180

(CP1126)

BLAISE NAME: EvpvFamPaid

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**

Type Class: Enumerated **Field Size:**

Answer Type: THWTOTCHRGFAM **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (AmtUPayHelp)

Show Card ()

Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {OME ITEM GROUP NAME}
{REF-DT}

Question Text:

How much of the total charge for the disposable supplies did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements? Was it all or almost all of the total charge, none of the total charge, or some of the total charge?

HELP: F1

Responses:	ALL OR ALMOST ALL OF THE TOTAL CHARGE	..... 1	BOX_90	(CP1145)
	NONE OF THE TOTAL CHARGE	..... 2	BOX_90	(CP1145)
	OR SOME OF THE TOTAL CHARGE	..... 3	CP190	(CP1127)
	REFUSED	..... RF	CP190	(CP1127)
	DON'T KNOW	..... DK	CP190	(CP1127)

Display Instructions:

Full Detail Spec

CP190

(CP1127)

BLAISE NAME: EypvAmtUPayRng

Item Type:

Question

Field kind: Datafield

ArrayMin:

Min value:

Type Class:

Enumerated

Field Size:

Answer Type:

TTOTCHRGOUTPKT **Answers allowed:** 1

ArrayMax:

Max value:

Help Available (AmtUPayHelp)

Show Card ()

Look Up File ()

Question Text:

 CP-2

Please look at card CP-2, and tell me how much of the total charges for the disposable supplies did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements? Was it \$0, \$1 to \$10, \$11 to \$30, \$31 to \$100, \$101 or more?

HELP: F1

Responses:

- \$0 1 BOX_90 (CP1145)
- \$1 TO \$10 2 BOX_90 (CP1145)
- \$11 TO \$30 3 BOX_90 (CP1145)
- \$31 TO \$100 4 BOX_90 (CP1145)
- \$101 OR MORE 5 BOX_90 (CP1145)
- REFUSED RF BOX_90 (CP1145)
- DON'T KNOW DK BOX_90 (CP1145)

Display

Instructions:

Full Detail Spec

CP200 **(CP1130)** **BLAISE NAME:** EypvAmtUPay
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:** 0
Type Class: Integer **Field Size:** 6
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:** 999999

Help Available (AmtUPayHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

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, ENTER 0.

ENTER AMOUNT.

HELP:F1

Responses: 1 BOX_90 (CP1145)
REFUSED RF BOX_90 (CP1145)
DON'T KNOW DK BOX_90 (CP1145)

Programmer Instructions: Soft check: If amount entered is > or = \$10,000, display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Display Instructions: Display '{AMT TOT CH}' if an amount is given for the total charge at CP150. Display 'total charge' if CP120 is coded '2' (NO), 'RF' (REFUSED), 'DK' (DON'T KNOW), if CP120 =1 but CP150 = RF or DK_or is not asked.

For {AMT TOT CH} display the dollar amount entered at CP150.

BOX 90 **(CP1145)** **Item Type:** Route **Type Class:** If Then

Route Details: If:
 CP200 is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW)
 and
 CP120 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
 and
 CP170 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), go to BOX_130.
 Otherwise, continue with CP210.

CP210 **(CP1160)** **BLAISE NAME:** EvpvAnySrcPay
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TYESNO **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available (AnySrcPayHelp) Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
 PROVIDER} {EV} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT
 GROUP}}

Question Text:
 Has any private insurance company, HMO, Medicare, Medicaid, or any other source made any payments {to {PROVIDER}}
 for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

HELP: F1

Responses: YES 1 CP220 (CP1165)
 NO 2 BOX_100 (CP1295)
 REFUSED RF BOX_100 (CP1295)
 DON'T KNOW DK BOX_100 (CP1295)

**Display
Instructions:**

Display "to {PROVIDER}" if event type is not OM. 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 {OME ITEM GROUP NAME}' if event type is OM.

Display 'the services received at home' 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 this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10= '1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Full Detail Spec

CP220

(CP1165)

BLAISE NAME: EypvSOPRoster

Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:**
Type Class: Enumerated **Field Size:**
Answer Type: TSOURCEPAY **Answers allowed:** 1 **ArrayMax:** **Max value:**

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Who else paid?

PROBE: Anyone else?

TO ADD A NEW SOURCE OF PAYMENT, PRESS CTRL-A.

ENTER ALL THAT APPLY.

CTRL-A: ADD
CTRL-E: EDIT
CTRL-D: DELETE

Responses: {Name of Source of Payment} 1 1 CP230 (CP1170)
 {Name of Source of Payment} 2 2 CP230 (CP1170)
 {Name of Source of Payment} 3 3 CP230 (CP1170)
 {Name of Source of Payment} 4 4 CP230 (CP1170)
 {Name of Source of Payment} N 5 CP230 (CP1170)

**Programmer
Instructions:**

Roster behavior:

1. Multiple select allowed.
2. Multiple add allowed.
3. Pressing CTRL-A displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See BOX_20 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP220, the added source will appear on the roster as selected.
4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the charge payment section for this person-provider pair has not been completed.
5. Write sources selected to the Event's-Sources-of- Payment-roster.

If at least one source is added or selected during the current round, the flag SOPFlag should be set to YES.

**Display
Instructions:**

Roster 3- add/edit/delete allowed.

Roster definition:

Display the RU-Sources-Of-Payment-roster for selection.

Display payment source name (SRCS.SRCNAME)

Roster filter:

Display all sources of payment except PERSON/FAMILY

Full Detail Spec

CP230 **(CP1170)** **BLAISE NAME:** PayMAmtPaid
Item Type: Question **Field kind:** Datafield **ArrayMin:** **Min value:** 0
Type Class: Integer **Field Size:** 6
Answer Type: {Continuous Answer.} **Answers allowed:** 1 **ArrayMax:** **Max value:** 999999

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
How much did {SOURCE} pay?
ENTER AMOUNT.
TOTAL CHARGE: \${TOTAL CHARGE}

Responses: 1
REFUSED RF
DON'T KNOW DK

**Programmer
Instructions:**

Preloaded Grid Type 2

Soft check: If amount entered is > \$10,000, display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Flag all sources and associated amounts as 'payment'.

1. Interviewer enters a dollar amount for each source displayed. Amounts can be changed as many times as necessary before the interviewer leaves the screen.

2. The PERSON/FAMILY amount paid cell is protected and prefilled with the family out-of-pocket payment amount entered at CP200; no changes are allowed to this amount.

Soft Check:

If any source coded '\$0', display the following message: "IF {SOURCE} DID NOT PAY ANY PART OF THE TOTAL CHARGE, CORRECT THE SOURCES THAT MADE DIRECT PAYMENTS TO THIS PROVIDER AT CP210 (AnySrcPay) OR CP220 (SOPRoster). IF {SOURCE} IS THE ONLY SOURCE OF DIRECT PAYMENT, GO TO CP210 (AnySrcPay) AND CODE '2' (NO). IF THERE ARE OTHER SOURCES OF PAYMENT, GO TO CP220 (SOPRoster) AND DELETE {SOURCE} FROM THE LIST OF SOURCES OF DIRECT PAYMENT. IF RESPONDENT DOES NOT KNOW HOW MUCH {SOURCE} PAID, CODE "DK" AT CP230 (AmtPaid)."

**Display
Instructions:**

Roster 1- Report

Roster definition:

Display the Event's-Sources-of-Payment-roster for entry of payment amount in the form pane. Display payment source name.

Roster Filter:

Display all sources selected at CP220 for this event-provider pair and the 'PERSON/FAMILY' record.

For TOTAL CHARGE, display amount entered at CP130, if event is OM event type '3' (DISPOSABLE SUPPLIES). Otherwise display amount entered at CP150.

BOX 100

(CP1295)

Item Type: Route

Type Class: If Then

Route Details:

If the event type is OM event type '3' (DISPOSABLE SUPPLIES), go to BOX_130

Otherwise, continue with BOX_110.

BOX 110 **(CP1300)** **Item Type:** Route **Type Class:** If Then

Route Details: If CP 150 (TOTAL CHARGE) or 'AMOUNT PAID' by any source of payment (all payments sources, including PERSON/FAMILY entered or displayed at CP230) is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW), go to BOX_130.

Otherwise, continue with BOX_120.

BOX 120 **(CP1305)** **Item Type:** Route **Type Class:** If Then

Route Details: Determine if there is an underpayment. Subtract the total payment (PERSON/FAMILY entered at CP200 plus all payments sources entered at CP230) from the total charge entered at CP150. If the value of the remainder is > 3% OR \$5 (whichever is higher) of the total charge, continue with CP240.

Otherwise, go to BOX_130.

NOTE: Negative values (overpayments) are not eligible for CP240.

CP240	(CP1310)	BLAISE NAME: EvpvElsePay		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value:
Type Class:	Enumerated	Field Size:		
Answer Type:	TYESNO	Answers allowed: 1	ArrayMax:	Max value:

Help Available () Show Card () Look Up File ()

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Does anyone in the family or any other source expect to make additional payments for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

Responses:	YES	1	BOX_130	(CP1485)
	NO	2	BOX_130	(CP1485)
	REFUSED	RF	BOX_130	(CP1485)
	DON'T KNOW	DK	BOX_130	(CP1485)

Display Instructions:

Display 'this hospital stay' if event type is HS.

Display 'this visit' if event type is ER, OP, MV, OR DN.

Display 'the {OME ITEM GROUP NAME}' if event type is OM.

{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 this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40='1' YES, EE50='1' YES, or OM10= '1' YES) .

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES) .

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Display 'the services received at home' if event type is HH.

BOX 130

(CP1485)

Item Type: Route

Type Class: If Then

Route Details:

If:
event type is HS, OM, or HH, or
event type is ER, OP, MV, or DN and PERSON-PROVIDER pair already flagged as
'COPAYMENT SITUATION', go to BOX_150.

Otherwise, continue with BOX_140.

BOX 140 **(CP1490)** **Item Type:** Route **Type Class:** If Then

Route Details:

If
CP120 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
and
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)
and
CP200 is a whole dollar amount greater than or equal to (\geq) \$0 and less than or equal (\leq)
to \$50
Flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with BOX_
150.

If
The amount entered in CP150 is equal to the amount entered in CP200
and
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)
and
CP200 is a whole dollar amount greater than or equal to (\geq) \$0 and less than or equal (\leq)
to \$50,
Flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with BOX_
150.

If
CP80 is coded '5' (NO BILL SENT: HMO PLAN), '6' (NO BILL SENT: VA
(VETERANS ADMINISTRATION)/CHAMPVA), '8' (NO BILL SENT: PUBLIC
ASSISTANCE/MEDICAID/SCHIP) or '9' (NO BILL SENT: INDIAN HEALTH
SERVICE (HIS))
and
CP170 is coded '1' (YES) or '3' (USUALLY PAYS \$0 REGARDLESS OF SERVICE)
and
CP200 is a whole dollar amount greater than or equal to (\geq) \$0 and less than or equal (\leq)
to \$50, flag this person-provider pair as a 'COPAYMENT SITUATION' and continue with
BOX_150.

If one of the three situations above is met, set amount entered at CP200 as this person-
provider pair's copayment amount for the current round.

Otherwise, do not set any flags and then continue with BOX_150.

Full Detail Spec

BOX 150(CP1495)

Item Type: Route

Type Class: If Then

Route Details:

If event type is HS and HS 50 is coded '4' (GIVE BIRTH TO A BABY) or '5' (TO BE BORN), go to the EF section.

If event type is MV and MV100 is coded '2' (SOMEWHERE ELSE) go to the EF section. Otherwise (event type = OP, ER, DN, HH, HS where HS 50 ≠ 4, 5, MV where MV100 ≠ 2) flag CP status of event-provider pair as 'PROCESSED'.

If event is a 'STEM' event from the OP, MV, or HH utilization sections, flag CP status of all 'LEAF' events (events selected at either OP 120, MV140 or HH130) as 'PROCESSED' and not editable or accessible during interview.

NOTE: All utilization and charge/payment data will be copied during MHOP to those "LEAF" events, including condition data.

[End of CP]