

Flat Fee (FF) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

Flat Fee (FF) Section

BOX_00A

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.PROVNAME, |  
| EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, |  
| EVPV.EVNTBEGY, EVPV.EVNTENDM, EVPV.EVNTENDD, |  
| EVPV.EVNTENDY, FFEE.FFEENAME |  
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| IF OMTYPE = 4-11, 91 USE "JAN 01" FOR START DATE. |  
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BOX_01

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| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE- |  
| GROUPS-ROSTER, GO TO FF02 |  
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| OTHERWISE, CONTINUE WITH FF01 |  
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FF01
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

Let me review the groups of health care events I have recorded for
{you/{PERSON}}. Please tell me if any of these groups include the
charge that covered {this hospital stay/this visit/the {OME ITEM
GROUP NAME}/the services received at home}.

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

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

[Code One]

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| DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |  
| |  
| DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |  
| OR DN. |  
| |  
| DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |  
| IS OM. |  
| |  
| DISPLAY 'the services received at home' IF EVENT |  
| TYPE IS HH. |  
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| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF |
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
| ABOUT FOR THIS EVENT: |

| DISPLAY 'glasses or contact lenses' IF EVENT |
| TYPE IS OM AND THE OM ITEM GROUP IS '1' |
| (GLASSES OR CONTACT LENSES). |

| DISPLAY 'ambulance services' IF THE OM ITEM |
| GROUP IS '4' (AMBULANCE SERVICES). |

| DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
| IS '5' (ORTHOPEdic ITEMS). |

| DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
| IS '6' (HEARING DEVICES). |

| DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |
| (PROSTHESES). |

| DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
| '8' (BATHROOM AIDS). |

| DISPLAY 'medical equipment' IF THE OM ITEM |
| GROUP IS '9' (MEDICAL EQUIPMENT). |

| DISPLAY 'disposable supplies' IF THE OM ITEM |
| GROUP IS '10' (DISPOSABLE SUPPLIES). |

| DISPLAY 'alterations or modifications' IF THE |
| OM ITEM GROUP IS '11' (ALTERATIONS/ |
| MODIFICATIONS). |

| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM |
| ITEM GROUP IS '91' (OTHER). |

| FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE |
| TEXT CATEGORY ENTERED IN THE OTHER SPECIFY |
| FIELD FOR OM EVENTS. |

| FOR '{START DATE}', DISPLAYED IN THE CONTEXT |
| HEADER, DISPLAY THE START DATE OF THE CURRENT |
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE |
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}' |
| FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE |
| (EV02A=2). |

| (FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST |
| CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS |
| SECOND CALENDAR YEAR OF PANEL IF ROUND 5. |

| SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE |
| GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED |
| TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT |
| ROUND OR A PREVIOUS ROUND. |

| DISPLAY AN 'ADD GROUP' OPTION ON THIS SCREEN. |

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

| IF 'ADD GROUP' IS SELECTED, CONTINUE WITH FF02 |

| ROSTER DETAILS: |
| TITLE: PERS_FFEE_GROUPS_1 |
| |
| COL # 1 HEADER: FLAT FEE GROUP |
| INSTRUCTIONS: DISPLAY FLAT FEE GROUP NAME |
| (FFEE.FFEENAME) |

| ROSTER DEFINITION: |
| DISPLAY THE PERSON'S-FLAT-FEE-GROUPS-ROSTER FOR |
| SELECTION. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. ADD ALLOWED. |
| |
| 3. MULTIPLE SELECT, MULTIPLE ADD, DELETE, AND |
| EDIT DISALLOWED. |

| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED
| ABOUT FOR THIS EVENT:

|
| DISPLAY 'glasses or contact lenses' IF EVENT
| TYPE IS OM AND THE OM ITEM GROUP IS '1'
| (GLASSES OR CONTACT LENSES).
|
| DISPLAY 'ambulance services' IF THE OM ITEM
| GROUP IS '4' (AMBULANCE SERVICES).
|
| DISPLAY 'orthopedic items' IF THE OM ITEM GROUP
| IS '5' (ORTHOPEdic ITEMS).
|
| DISPLAY 'hearing devices' IF THE OM ITEM GROUP
| IS '6' (HEARING DEVICES).
|
| DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'
| (PROSTHESES).
|
| DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS
| '8' (BATHROOM AIDS).
|
| DISPLAY 'medical equipment' IF THE OM ITEM
| GROUP IS '9' (MEDICAL EQUIPMENT).
|
| DISPLAY 'disposable supplies' IF THE OM ITEM
| GROUP IS '10' (DISPOSABLE SUPPLIES).
|
| DISPLAY 'alterations or modifications' IF THE
| OM ITEM GROUP IS '11' (ALTERATIONS/
| MODIFICATIONS).
|
| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM
| ITEM GROUP IS '91' (OTHER).
|
| FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE
| TEXT CATEGORY ENTERED IN THE OTHER SPECIFY
| FIELD FOR OM EVENTS.
|
| FOR '{START DATE}', DISPLAYED IN THE CONTEXT
| HEADER, DISPLAY THE START DATE OF THE CURRENT
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}'
| FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE
| (EV02A=2).
|

| (FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST |
| CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS |
| SECOND CALENDAR YEAR OF PANEL IF ROUND 5. |

| ROSTER DETAILS: |
| TITLE: PERS_MED_EVNT_1 |
| |
| COL # 1 HEADER: PROVIDER |
| INSTRUCTIONS: DISPLAY THE NAME OF PROVIDER |
| ASSOCIATED WITH THIS EVENT (EVNT.LORPNAME) |
| |
| COL # 2 HEADER: EVENT TYPE |
| INSTRUCTIONS: DISPLAY THE TWO-LETTER EVENT |
| ABBREVIATION (EVNT.EVNTTYPE) |
| |
| COL # 3 HEADER: ADMIT DATE |
| INSTRUCTIONS: DISPLAY THE MONTH, DAY, AND YEAR OF |
| MEDICAL EVENTS (EVNT.EVNTBEGM, EVNT.EVNTBEGD, |
| EVNT.EVNTBEGY) |
| |
| COL # 4 HEADER: DISCHARGE DATE |
| INSTRUCTIONS: DISPLAY THE DISCHARGE DATE FOR |
| HOSPITAL STAY EVENTS (EVNT.EVNTENDM, |
| EVNT.EVNTENDD, EVNT.EVNTENDY) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON'S- |
| MEDICAL-EVENTS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

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- | ROSTER FILTER: |
- | 1. EVENT HAS CP STATUS OF 'PROCESSED' OR |
| 'UNPROCESSED' (DISPLAY EVENT REGARDLESS OF CP |
| STATUS). |
 - | 2. EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE |
| GROUP OR A REPEAT VISIT GROUP. |
 - | 3. EVENT IS NOT ALREADY CODED (VERIFIED) AS A |
| COPAYMENT. |
 - | 4. EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), |
| OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR |
| EQUIPMENT). |
 - | 5. EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE |
| CODED '95' (STILL IN HOSPITAL). |
 - | 6. EVENT IS NOT AN MV OR OP EVENT THAT WAS A |
| TELEPHONE CALL (OP02 OR MV01 CODED '2'). |
 - | 7. EVENT IS NOT A HH EVENT WITH EVENT DATE = |
| INTERVIEW MONTH. |
 - | 8. DISPLAY 'EVENT OUTSIDE REFERENCE PERIOD' AS |
| THE LAST ENTRY IN THE 'PROVIDER' COLUMN. |
-

FF03
=====

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

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

| WRITE FLAT FEE GROUP TO PERSON'S-FLAT-FEE-GROUPS- |
| ROSTER. |

| IF ROUND 1, CONTINUE WITH FF04 |

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| IF ROUND 5, GO TO FF09 |  
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-----  
| OTHERWISE, GO TO BOX_02 |  
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FF04
=====

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

Did the charge which included the services for {FLAT FEE GROUP}
cover any visits before {START DATE}?

YES 1 {FF05}
NO 2 {FF06}
REF -7 {FF06}
DK -8 {FF06}

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| FOR {FLAT FEE GROUP}, DISPLAY THE NAME OF THE FLAT |  
| FEE GROUP SELECTED AT FF02 OR ENTERED AT FF03. |  
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FF05
=====

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

How many visits did {you/{PERSON}} have before {START DATE}?

NUMBER OF VISITS:

[Enter Number] {FF06}
REF -7 {FF06}
DK -8 {FF06}

FF06

====

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

Did the charge that included the services for {FLAT FEE GROUP} cover any surgical procedures before {START DATE}?

YES 1 {FF07}
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

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

FF07

====

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

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

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

FF08
=====

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

Was this the kind of surgery for which {you/{PERSON}} had to stay in the hospital at least one night or {were/was} {you/he/she} allowed to go home the same day of the surgery?

AT LEAST ONE NIGHT 1 {BOX_02}
SAME DAY 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

FF09
=====

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

Will the charge which includes the services for {FLAT FEE GROUP} cover any visits after December 31, {YEAR}?

YES 1 {FF10}
NO 2 {FF11}
REF -7 {FF11}
DK -8 {FF11}

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

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, |
| DISPLAY THE SECOND YEAR OF THE PANEL. |

FF10
=====

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

Approximately, how many visits will {you/{PERSON}} have after
December 31, {YEAR}?

NUMBER OF VISITS:

[Enter Number] {FF11}
REF -7 {FF11}
DK -8 {FF11}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, |
| DISPLAY THE SECOND YEAR OF THE PANEL. |

FF11
=====

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

Will the charge that includes the services for {FLAT FEE GROUP}
cover any surgical procedures after December 31, {YEAR}?

YES 1 {FF12}
NO 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

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

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, |
| DISPLAY THE SECOND YEAR OF THE PANEL. |

FF12
=====

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

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF
THE FLAT FEE GROUP?

YES 1 {BOX_02}
NO 2 {FF13}
REF -7 {FF13}
DK -8 {FF13}

FF13
=====

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

Will this be the kind of surgery for which {you/{PERSON}} {have/has}
to stay in the hospital at least one night or will {you/he/she} be
allowed to go home the same day of the surgery?

AT LEAST ONE NIGHT 1 {BOX_02}
SAME DAY 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

BOX_02
=====

| RETURN TO THE EVENT DRIVER FOR THIS EVENT- |
| PROVIDER PAIR. IF EVENT-PROVIDER PAIR BEING ASKED |
| ABOUT WAS PART OF AN EXISTING FLAT FEE GROUP (A |
| NAME WAS SELECTED AT FF01), FLAG THE CP STATUS |
| OF THE EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A |
| NEW FLAT FEE GROUP WAS FORMED AT FF02, THE |
| COMPLETE (FROM THE BEGINNING) CP SECTION WILL BE |
| ASKED FOR THIS FLAT FEE GROUP. |
