

Other Medical Expenses (OM) 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.**

Other Medical Expenses (OM) Section

BOX_01A

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| IF ROUND 3, CONTINUE WITH BOX_01B |

| OTHERWISE, GO TO BOX_01 |

BOX_01B

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| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |
| CONTINUE WITH OM01A |

| OTHERWISE, GO TO BOX_01 |

OM01A

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since
(START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times]..... {OM01B}
REF..... -7 {OM01B}
DK..... -8 {OM01B}

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL. |

OM01B
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times].....
REF..... -7
DK..... -8

| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS SECOND |
| CALENDAR YEAR OF PANEL. |

| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |
| CP SECTION. |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |

BOX_01
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| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |
| EQUIPMENT OR SUPPLIES, GO TO BOX_03 |

| OTHERWISE, CONTINUE WITH BOX_02 |

BOX_02

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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |
| CP SECTION |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |

BOX_03

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| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC |
| EQUIPMENT AND SUPPLIES WILL BE PROCESSED THROUGH |
| CP AS PRESCRIBED MEDICINES. |

| GO TO BOX_04 |

BOX_04

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| GO TO THE EVENT DRIVER (ED) SECTION |
