

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

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

BOX_01

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| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE- |
GROUPS-ROSTER, GO TO FF02

OTHERWISE, CONTINUE WITH FF01

FF01
=====

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

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

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

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

[Code One]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISPLAY AN 'ADD GROUP' OPTION ON THIS SCREEN.

IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02

IF 'ADD GROUP' IS SELECTED, CONTINUE WITH FF02

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

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

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

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| ROSTER FILTER:                               |
| NO FILTER; DISPLAY ALL.                       |
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FF02
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
 PROVIDER.} {EV} {EVN-DT}

Let me review the list of health care events I have recorded
 for {you/{PERSON}}. Please tell me which of these were included
 in the same charge that covered {this hospital stay/this visit/
 the {OME ITEM GROUP NAME}/the services received at home}.

REVIEW EVENTS WITH RESPONDENT.
 SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED
 ABOUT.

ROSTER. PROVIDER	FF02 02. EVENT TYPE	FF02 03. ADMIT DATE	FF02 04 DISCH DATE
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-
- | ROSTER FILTER: |
- | 1. EVENT HAS CP STATUS OF 'PROCESSED' OR |
| 'UNPROCESSED' (DISPLAY EVENT REGARDLESS OF CP |
| STATUS). |
 - | 2. EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE |
| GROUP OR A REPEAT VISIT GROUP. |
 - | 3. EVENT IS NOT ALREADY CODED (VERIFIED) AS A |
| COPAYMENT. |
 - | 4. EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), |
| OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR |
| EQUIPMENT). |
 - | 5. EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE |
| CODED '95' (STILL IN HOSPITAL). |
 - | 6. EVENT IS NOT AN MV OR OP EVENT THAT WAS A |
| TELEPHONE CALL (OP02 OR MV01 CODED '2'). |
 - | 7. EVENT IS NOT A HH EVENT WITH EVENT DATE = |
| INTERVIEW MONTH. |
 - | 8. DISPLAY 'EVENT OUTSIDE REFERENCE PERIOD' AS THE |
| LAST ENTRY IN THE 'PROVIDER' COLUMN. |
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FF03
=====

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

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

[Enter Flat Fee Group]

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

| IF ROUND 1, CONTINUE WITH FF04 |

IF ROUND 5, GO TO FF09

OTHERWISE, GO TO BOX_02

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}

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

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.