

MCBS MAIN STUDY - ROUND 40, FALL 2004  
COMMUNITY COMPONENT  
CPS. CHARGE/PAYMENT SUMMARY

For continuing sample: Events that do not have any statement information (NS1=1) will be allowed to advance one round before they are taken to the No Statement (NS) questions. For example, events collected in Round 6 that do not have any statement information by Round 7 will be taken to the No Statement series in Round 7, events collected in Round 7 without statement information in Round 8 will go to the NS questions in Round 8 and so on. Note that this specification affects only Reason 1 for entering the CPS. For exiting sample, any event added during the SP's final round will be "finalized" during NS. If necessary, the program will skip to the appropriate CPS questions as described by the specifications. Charge bundles with any other legitimate "Reason" for entering CPS will do so as described below.

Turn "statement expected" flag off if charge bundle is 1 round old.

Events or charge bundles reported in previous rounds will be included in the Charge/Payment summary if at least one of the following conditions is met from a previous round (if more than one condition met, go in priority order 1-8):

1. The respondent was expecting to receive a Medicare, insurance, or TRICARE statement (NS1=1);
2. (Event or bundle from No Statement): the total charge (NS2) or the copay amount (NS2b) was greater than \$1.00 or unknown and no payment had been made (NS19=2, REF or DK), or (CPS6=2 and CPS10=1 or DK) or (CPS6=REF or DK);
3. (Bundle from Statement including PM-only bundles): the amount remaining was greater than \$1.00 and no payment beyond Medicare had been made (ST58=2, REF or DK or ST61=2, REF or DK); or (CPS7=2 and CPS10=1 or DK) or (CPS7=REF or DK);
4. (Event or bundle from No Statement): some payment of known amount had been made, but the total of all payments was less than the total charge by more than \$1.00 or 2% of the total charge, whichever is greater.
5. (Bundle from Statement including PM-only bundles): some payment other than from Medicare of known amount had been made, but the total of all such payments was less than the amount remaining after the Medicare payment by more than \$1.00 or 2% of the amount remaining, whichever is greater.
6. The SP/family made some payment greater than \$5.00 and reimbursement was expected (ST67=1 or NS25=1 or CPS14=1).
7. The SP/family made some payment greater than \$5.00 and did not know whether reimbursement was expected (ST67=DK or NS25=DK).
8. Event added through Comments during previous round and NS1= 9.

For exiting sample: All events with outstanding charge information or no charge information at all (i.e., collected this round) will go to CPS from NS as appropriate regardless of how many rounds they have been in the database. This includes all IP stays brought through utilization during the current round for exit cases where the previous interview was not skipped (regardless of event end date) and all events collected during the current round for cases that skipped the previous interview (41s).

Further, to be included in the CPS, a previous round event of any type (including prescribed medicines, ostomy supplies, incontinence supplies, and bandages) must not have been bundled during the current round charge series.

If any number of prescribed medicine, ostomy, incontinence, or bandages purchases is bundled in a previous round ST or NS, only the number of purchases specifically bundled should come into the CPS. For example: 5 of 10 Tylenol purchases were bundled in a previous round and the purchases meet a condition for inclusion in the current round CPS, only the 5 bundled purchases should be brought into the current round CPS.

Because bundles or events are defined by a previous round's ST, NS, or CPS series, IU stays, IP stays with "95" in the month field in the previous round, and OM alterations where OM30=95 in the previous round are not eligible for the CPS series.

PM events with PM6a and/or INT9 = REF, DK and any other events bundled with these events will not come into the CPS series.

OM events with OM25 and/or INT8 = REF, DK and any other events bundled with these events will not come into the CPS series.

However, if a PM event(s) with PM6a and/or INT9 = 0 or -9 is bundled with any other PM event(s) or any other type of event(s), these "other" events should come into the CPS series.

Sort bundles by reason for inclusion only. If more than one reason for inclusion, include the event or bundle under the first reason listed.

Use displays from NS series for CPSINTRO and EVENT headers for each event type.

Do not allow Interrupt during CPS series.

Events marked by the interviewer as "deleted" in any part of any summary, including the Utilization summary, the Home Health summary, the OM rental summary, or the PM summary, should not be included in the Charge/Payment Summary.

BOX CPS1	IF ANY PREVIOUS ROUND EVENTS NOT LINKED TO CHARGES, GO TO CPSINTRO. IF ALL PREVIOUS ROUND EVENTS LINKED TO CHARGES, GO TO NEXT SECTION.
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CPSINTRO. (EVENT(S))

(Next, I will ask about some medical care that we talked about in a previous interview.)

INTERVIEWER: THERE ARE (NUMBER) EVENTS OR BUNDLES (REMAINING) FOR SUMMARY REVIEW.

(First/Next), I want to ask about [READ EVENT(S) ABOVE].

[PRESS ENTER TO CONTINUE.]

BOX CPS2	IF REASON FOR CPS = 1 OR 8, GO TO CPS1. IF REASON FOR CPS = 2 AND NS2 = DK OR NS2b = DK, GO TO CPS4. IF REASON FOR CPS = 2 AND TOTAL CHARGE ≠ DK OR COPAYMENT ≠ DK, GO TO CPS6. IF REASON FOR CPS = 3, GO TO CPS7. IF REASON FOR CPS = 4, GO TO CPS8. IF REASON FOR CPS = 5, GO TO CPS9. IF REASON FOR CPS = 6 OR 7 AND NS2 = DK OR NS2b = DK, GO TO CPS4. IF REASON FOR CPS = 6 OR 7 AND NS2 OR NS2b ≠ DK, GO TO CPS11.
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*CPS1 handles events for which a Medicare, insurance, or TRICARE statement was expected from the previous interview.*

CPS1. (EVENT)

[At the last interview, (you were/SP was) expecting to receive a statement or paper from Medicare (,) (or) (insurance) (,) (or) (TRICARE).] (Have you/Has SP) received a statement for the [READ EVENT ABOVE] (since the last interview) (since then)?

RECDSTAT	STATEMENT RECEIVED AND AVAILABLE ...	1 (ST3)
COROTYPE	STATEMENT RECEIVED, NOT AVAILABLE..	2 <b>BOX NS2A</b>
	STATEMENT NOT RECEIVED .....	3 <b>BOX NS2A</b>
	REFUSED .....	-7 (CPSINTRO/ NEXT SEC.)
	DON'T KNOW .....	-8 <b>BOX NS2A</b>

CPS2 AND CPS3 OMITTED.

CPS3a. (EVENT(S))

Do you expect anyone to pay any [(of this amount)/(of the charge for the (READ EVENT(S) ABOVE))]?

EXPAYOUT	YES .....	1 (CPS3b)
	NO .....	2 <b>BOX CPS11</b>
	REFUSED .....	-7 <b>BOX CPS11</b>
	DON'T KNOW .....	-8 <b>BOX CPS11</b>

CPS3b. How much do you expect will be paid?

<b>EXPAYUNT</b>	PERCENTAGE .....	1	..... %	<b>BOX CPS11</b>
<b>EXPAYAMT</b>	DOLLARS .....	2	\$ .....	<b>BOX CPS11</b>
<b>EXPAYPCT</b>	REFUSED .....		-7	<b>BOX CPS11</b>
	DON'T KNOW .....		-8	<b>BOX CPS11</b>

*CPS4 through **BOX CPS3** handle events or bundles for which the total charge was unknown and the reason for CPS was either no payment made or reimbursement expected. The purpose is to pick up the total charge if the respondent now happens to have it.*

CPS4. (EVENT(S))

Last time, (you/RESPONDENT) didn't know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE.] Do you (now) happen to know the (total charge/copayment amount)?

<b>KNOWTOTL</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7

BOX CPS2A	IF CPS4 = 2 OR REF AND REASON FOR CPS = 2, GO TO CPS6. IF CPS4 = 2 OR REF AND REASON FOR CPS = 6 OR 7, GO TO CPS11. IF CPS4 = 1 AND TOTALTYP FROM A PREVIOUS ROUND = 1, GO TO CPS5. IF CPS4 = 1 AND TOTALTYP = 2, GO TO CPS5a.
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CPS5. (EVENT(S))

Including any amounts that may be paid by Medicare or anyone else, what was the total charge [that is, the amount billed]?

[ENTER 0 IF NO CHARGE FOR THE EVENT.]

**TOTALCHG** TOTAL AMOUNT: \$ \_\_\_\_\_ **BOX CPS3**  
REFUSED ..... -7 **BOX CPS3**

CPS5a. (EVENT(S))

What was the copayment amount for the [READ EVENT(S) ABOVE]?

[EXPLAIN IF NECESSARY: Managed care plans commonly charge a fixed amount, or copayment, for health services provided. For example, the person may pay \$10 for each office visit and \$5 for each drug prescription.]

[ENTER 0 IF NO COPAYMENT FOR THE EVENT.]

**TOTALCHG** COPAY AMOUNT: \$ \_\_\_\_\_  
REFUSED ..... -7

BOX CPS3	IF REASON FOR CPS = 2 AND TOTAL AMOUNT OR COPAYMENT = 0 AND SP HAS MEDICAID, GO TO <b>BOX CPS11</b> . IF REASON FOR CPS = 2 AND TOTAL AMOUNT > 0 OR REF, GO TO <b>BOX CPS3A</b> . IF REASON FOR CPS = 2 AND IF TOTAL CHARGE/COPAYMENT = 0 AND SP DOES NOT HAVE MEDICAID, GO TO <b>BOX CPS3A</b> . IF REASON FOR CPS = 6 OR 7 AND CPS5 OR CPS5a ≠ REF, GO TO <b>BOX CPS3A</b> . IF REASON FOR CPS = 6 OR 7 AND CPS5 OR CPS5a = REF, GO TO CPS11. IF TOTAL AMOUNT COLLECTED IN CPS5 OR CPS5a, SET "TOTAL AMOUNT COLLECTED" FLAG.
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BOX CPS3A	<p>IF THIS COST IS LINKED TO ANY RENTAL ITEM, I.E., THERE IS AN XCEV ATTACHED TO THIS COST WHERE MONTHCOV <math>\neq</math> -1, GO TO CPS5b FOR EACH RENTAL ITEM INCLUDED IN THIS BUNDLE.</p> <p>IF THIS COST IS LINKED TO ANY PM OR OM EVENT WHERE GETNUM <math>&gt;</math> 1, CYCLE THROUGH CPS5c FOR EACH OF THESE EVENTS INCLUDED IN THIS BUNDLE WHERE NUMLINKS <math>\neq</math> -1, I.E., ASK CPS5c ONLY IF EVENT HAS GONE THROUGH QUESTION NS3.</p> <p>IF THIS COST IS LINKED TO ANY PROVIDER EVENT WHERE EVBEGDD = -5 (SHIFT/5), CYCLE THROUGH CPS5d FOR EACH OF THESE EVENTS INCLUDED IN THIS BUNDLE WHERE RVLINKS DOES NOT EQUAL -1, I.E., ASK CPS5d ONLY IF EVENT HAS GONE THROUGH QUESTION NS3a.</p> <p>OTHERWISE:</p> <p>IF REASON FOR CPS = 2 AND TOTAL CHARGE/COPAYMENT <math>&gt;</math> 0, DK OR REFUSED, GO TO CPS6.</p> <p>IF REASON FOR CPS = 2 AND TOTAL CHARGE/COPAYMENT = 0, GO TO NS20.</p> <p>IF REASON FOR CPS = 6 OR 7, GO TO CPS11.</p>
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CPS5b. EVENT: (RENTAL ITEM) (RENTAL REFERENCE DATES)  
TOTAL CHARGE = \$ (AMOUNT FROM CPS5)

For the [RENTAL ITEM LISTED ABOVE], how many months are covered by the charge for the period of time between (CURRENT REFERENCE PERIOD AT THE TIME COST WAS CREATED)?

[ENTER 96 IF LESS THAN 1 MONTH.]

<b>MONTHCOV</b>	MONTHS: _____	} <b>BOX CPS3B</b>
	REFUSED ..... -7	
	DON'T KNOW ..... -8	

CPS5c. (For) how many of the (NUMBER OF TIMES) times (you/SP) obtained (MEDICINE/ITEM) for the period between (CURRENT REFERENCE PERIOD AT THE TIME COST WAS CREATED) [were covered by the (TOTAL CHARGE)/was there no charge/were covered by the (COPAYMENT)/was there no copayment]?

<b>NUMLINKS</b>	NUMBER OF TIMES: _____	} <b>BOX CPS3B</b>
	REFUSED ..... -7	
	DON'T KNOW ..... -8	

CPS5d. (For) how many of the (NUMBER) [visits to (PROVIDER)/visits to the OPD at (PROVIDER) during the month of (MONTH)] [were covered by the (TOTAL CHARGE)/was there no charge/were covered by the (COPAYMENT)/was there no copayment]?

<b>RVLINKS</b>	NUMBER OF VISITS: _____	} <b>BOX CPS3B</b>
	REFUSED ..... -7	
	DON'T KNOW ..... -8	

BOX CPS3B	IF CPS5 OR CPS5a=0, GO TO NS20. IF CPS5 OR CPS5a ≠ 0 AND REASON FOR CPS ≠ 6 OR 7, GO TO CPS6. IF CPS5 OR CPS5a ≠ 0 AND REASON FOR CPS = 6 OR 7, GO TO CPS11.
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*CPS6 and **BOX CPS4** handle events or bundles from No Statement with no payments yet made for a total charge or copayment amount that is unknown, or known and greater than \$1.00.*

CPS6. (EVENT(S))

[Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE/COPAY AMOUNT), and that no payment had been made.] (Have you/Has SP) or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of [the (total charge/copayment amount)/this (TOTAL CHARGE/COPAY AMOUNT)]?

<b>TCHGPAID</b> <b>TCHGFLG</b>	SP OR ANY SOURCE PAID .....	1	<b>BOX CPS4</b>
	NOTHING HAS BEEN PAID .....	2	<b>BOX CPS4</b>
	(TOTAL CHARGE/COPAYMENT AMOUNT)		
	IS WRONG .....	3	<b>BOX CPS4</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>

BOX CPS4	<p>IF CPS6 = 3, SET FLAG THAT CPS6 WAS CODED 3 AND SET CPS6 = -1, GO TO CPS6b.</p> <p>IF CPS6 = 2 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10.</p> <p>IF CPS6 = 2 AND EVENT/BUNDLED COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.</p> <p>OTHERWISE, GO TO NS20.</p>
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CPS6b. YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE.

[PRESS ENTER TO CONTINUE.] (CPS6)

*CPS7 and **BOX CPS5** handle events from ST with a known amount remaining greater than \$1.00 for which no payment beyond Medicare was recorded.*

CPS7. (EVENT(S))

Last time, we recorded that (Medicare had paid (MEDICARE PAYMENT AMOUNT) and) after Medicare paid, there was an amount remaining of (AMOUNT REMAINING) for the [READ EVENT(S) ABOVE.]

(Have you/Has SP) or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of this (AMOUNT REMAINING)?

<b>TCHGPAID</b>	SP OR ANY SOURCE PAID .....	1	<b>BOX CPS5</b>
<b>TCHGFLG</b>	NOTHING HAS BEEN PAID .....	2	<b>BOX CPS5</b>
	AMOUNT REMAINING IS WRONG .....	3	<b>BOX CPS5</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	(CPS7A)

CPS7a. DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

<b>RRDETAIL</b>	YES .....	1	(CPS17)
	NO .....	2	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>



BOX CPS5	<p>IF CPS7 = 1, GO TO ST62.</p> <p>IF CPS7 = 2: AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10.</p> <p>                  : AND EVENT/BUNDLE COLLECTED IN 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.</p> <p>IF CPS7=3, SET FLAG THAT CPS7 WAS CODED 3. SET CPS7 = -1. GO TO CPS7b, THEN RETURN TO CPS7.</p>
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CPS7b. YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID.

[PRESS ENTER TO CONTINUE]

CPS8.

TOTAL CHARGE: .....	\$XXXX.XX
SOP 1:.....	\$XXXX.XX
SOP 2:.....	<u>\$XXXX.XX</u>
TOTAL PAYMENTS: .....	\$XXXX.XX
AMOUNT UNPAID: .....	\$XXXX.XX

Let me review what we recorded last time. [REVIEW ABOVE WITH RESPONDENT.] (Have you/Has SP) or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?

<b>TCHGPAID</b> <b>TCHGFLG</b>	SP OR ANY SOURCE PAID .....	1	<b>BOX CPS6</b>
	NOTHING HAS BEEN PAID .....	2	<b>BOX CPS6</b>
	TOTAL CHARGE SEEMS WRONG .....	3	<b>BOX CPS6</b>
	PAYMENT AMOUNTS WRONG .....	4	<b>BOX CPS6</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	(CPS8a)

CPS8a. DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

<b>RRDETAIL</b>	YES .....	1	(CPS17)
	NO .....	2	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>

BOX CPS6	<p>IF CPS8 = 1 OR 4, GO TO NS24. IF CPS8 = 3, SET FLAG THAT CPS8 WAS CODED 3. SET CPS8 = -1 AND DISPLAY PREVIOUSLY ENTERED TOTAL CHARGE. GO TO CPS8b, THEN RETURN TO CPS8.</p> <p>IF CPS8 = 2: AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10.</p> <p>: AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.</p>
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CPS8b. YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.

[PRESS ENTER TO CONTINUE]

AMOUNT REMAINING (AFTER MEDICARE PAYMENT): ..... \$XXXX.XX

SOP 1:..... \$XXXX.XX

SOP 2:..... \$XXXX.XX

TOTAL OF NON-MEDICARE PAYMENTS:..... \$XXXX.XX

AMOUNT UNPAID: ..... \$XXXX.XX

CPS9. Let me review what we recorded last time. [REVIEW ABOVE WITH RESPONDENT.] (Have you/Has SP) or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount?

<b>TCHGPAID</b> <b>TCHGFLG</b>	SP OR ANY SOURCE PAID .....	1	<b>BOX CPS7</b>
	NOTHING HAS BEEN PAID .....	2	<b>BOX CPS7</b>
	AMOUNT REMAINING SEEMS WRONG ....	3	<b>BOX CPS7</b>
	PAYMENT AMOUNTS WRONG .....	4	<b>BOX CPS7</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	(CPS9a)

CPS9a. DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

<b>RRDETAIL</b>	YES .....	1	(CPS17)
	NO .....	2	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>

BOX CPS7	IF CPS9 = 1 OR 4, GO TO ST66. IF CPS9 = 3, SET FLAG THAT CPS9 WAS CODED 3. SET CPS9 = -1. GO TO CPS9b, THEN RETURN TO CPS9. IF CPS9 = 2 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10. IF CPS9 = 2 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.
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CPS9b. YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.

[PRESS ENTER TO CONTINUE]

*CPS10 is for all cases where outstanding payment amounts remain. If the R answers "no" to CPS10, the event or bundle will not return to the Summary next round.*

CPS10. (EVENT(S))

Do you expect that (you/SP) or any other source will pay any (of this amount/additional amount for [READ EVENT(S) ABOVE])?

<b>EXPAYOUT</b>	YES .....	1	<b>BOX CPS7A</b>
	NO .....	2	<b>BOX CPS11</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>

BOX CPS7A	IF CPS10 = 1 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO <b>BOX CPS11</b> . IF CPS10 = 1 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS10a.
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CPS10a. How much do you expect will be paid?

<b>EXPAYUNT</b>	PERCENTAGE .....	1	.....%	<b>BOX CPS11</b>
<b>EXPAYAMT</b>	DOLLARS .....	2	\$ .....	<b>BOX CPS11</b>
<b>EXPAYPCT</b>	REFUSED .....	-7		
	DON'T KNOW .....	-8		

*CPS11 through CPS16 cover expected reimbursements. In addition to obtaining reimbursement amounts, the series determines whether reimbursement continues to be expected, and allows entry of refunds covering a number of events.*

CPS11. (EVENT(S))

Last time, (you/SP) expected some source to pay (you/him/her) back some or all of the (SP/FAMILY PAYMENT AMOUNT) (you/he/she) had paid for [READ EVENT(S) ABOVE.]

Last time, (you weren't/SP wasn't) sure whether some source would pay (you/him/her) back some or all of the (SP/FAMILY PAYMENT AMOUNT) (you/he/she) had paid for [READ EVENT(S) ABOVE.]

[PRESS ENTER TO CONTINUE.]

CPS12. (EVENT(S))

Has any source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid (you/SP) back any of that amount?

<b>GOTPAYBK</b>	YES .....	1 (CPS15)
	NO .....	2 <b>BOX CPS8</b>
	REFUSED .....	-7 <b>BOX CPS11</b>
	DON'T KNOW .....	-8 (CPS13)

CPS13. DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

<b>RRDETAIL</b>	YES .....	1 (CPS17)
	NO .....	2 <b>BOX CPS11</b>
	DON'T KNOW .....	-8 <b>BOX CPS11</b>

BOX CPS8	IF PREVIOUS ANSWER TO NS25 OR ST67 WAS DK, GO TO <b>BOX CPS11</b> . OTHERWISE, GO TO CPS14.
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CPS14. (EVENT(S))

Do you still expect any source to pay (you/SP) back any amount for [READ EVENT(S) ABOVE.]?

<b>EXPPAYBK</b>	YES .....	1	<b>BOX CPS8A</b>
	NO .....	2	<b>BOX CPS11</b>
	REFUSED .....	-7	<b>BOX CPS11</b>
	DON'T KNOW .....	-8	<b>BOX CPS11</b>

BOX CPS8A	IF CPS14 = 1 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO <b>BOX CPS11</b> . IF CPS14 = 1 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE WAS COLLECTED), GO TO CPS14a.
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CPS14a. How much do you expect will be paid?

<b>EXPAYUNT</b>	PERCENTAGE .....	1	.....%	<b>BOX CPS11</b>
<b>EXPAYAMT</b>	DOLLARS .....	2	\$.....	<b>BOX CPS11</b>
<b>EXPAYPCT</b>	REFUSED .....	-7		<b>BOX CPS11</b>
	DON'T KNOW .....	-8		<b>BOX CPS11</b>

CPS15. ENTER REIMBURSEMENT AMOUNTS, ADD SOURCES AS NECESSARY.

IF REIMBURSEMENT APPLIES TO MORE THAN THIS EVENT/BUNDLE AND R CANNOT SEPARATE  
AMOUNTS, ENTER ENTIRE AMOUNT HERE.USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ARROW TO THE SELECT COLUMN AND ENTER "X" TO  
CORRECT SOURCE NAME OR AMOUNT; ESC TO LEAVE SCREEN.

SP/FAMILY PAYMENT AMOUNT: \$XXXXX.XX      REIMBURSEMENT AMOUNT

REIMTYPE  
REIMAMT  
REIMDMEM  
REIMPLAN  
REIMOSOP

PROVIDER DISCOUNT/COURTESY	\$_____.
MEDICARE	\$_____.
[VA (DEPT. OF VETERANS AFFAIRS)]	\$_____.
____ SOP 1	\$_____.
____ SOP 2	\$_____.
____ SOP 3	\$_____.
____ (NAME OF DM)	\$_____.

BOX CPS8AA	IF SOP ADDED IN CPS15, GO TO CPS15a. OTHERWISE, GO TO CPS16.
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CPS15a. [What type of health insurance plan is (SOP NAME)?]

**TEMP**

MEDICAID/MEDICAID MANAGED CARE PLAN .....	1	<b>BOX CPS8B</b>
OTHER PUBLIC PLAN (OTHER THAN MEDICAID) .....	2	<b>BOX CPS8B</b>
PRIVATE HEALTH INSURANCE .....	3	<b>BOX CPS8B</b>
NOT A HEALTH INSURANCE PLAN (INCLUDING VA) .....	4	<b>BOX CPS8B(c)</b>
MILITARY PLAN ( <u>NOT</u> INCLUDING VA OR TRICARE) .....	5	<b>BOX CPS8B(c)</b>
NOT SP'S INSURANCE PLAN (PLAN BELONGS TO SOMEONE ELSE) .....	6	<b>BOX CPS8B(c)</b>
MEDICARE MANAGED CARE PLAN .....	7	<b>BOX CPS8C</b>
DISCOUNT/SAVINGS MEMBERSHIP .....	8	<b>BOX CPS8B(d)</b>
TRICARE.....	9	<b>BOX CPS8B</b>
REFUSED .....	-7	<b>BOX CPS8B(c)</b>
DON'T KNOW .....	-8	<b>BOX CPS8B(c)</b>

BOX CPS8B	<p>a. IF CPS15a = 1 AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10d13, THEN GO TO (b). IF CPS15a = 2, ASK HI13-HI16a13, THEN GO TO (b). IF CPS15a = 3, ASK HI21-HI33c, THEN GO TO (b). IF CPS15a = 9 AND TRICARE PREVIOUSLY ENTERED, DISPLAY MESSAGE: "TRICARE ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HIT2 – HIT10, THEN GO TO (b).</p> <p>b. ADD SOP TO PLAN ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER, THEN GO TO (c).</p> <p>c. IF ANOTHER SOP ADDED IN CPS15, RETURN TO CPS15a. IF NO OTHER SOP ADDED IN CPS15, GO TO CPS16.</p> <p>d. SET FLAG TO NOTE THAT THIS DM WAS COLLECTED IN THE SOP ROSTER. THEN GO TO <b>BOX DM2</b>.</p>
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BOX CPS8C	IF MEDICARE MANAGED CARE PLAN ADDED AND NO OTHER MEDICARE MANAGED CARE PLAN IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.
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CPS16. (EVENT(S))

DOES THIS REIMBURSEMENT AMOUNT COVER ANY OTHER EVENTS BESIDES THOSE SHOWN ABOVE?

**REIMBCOV** YES ..... 1 (CPS20)  
 NO ..... 2 **BOX CPS11**  
 DON'T KNOW ..... -8 **BOX CPS11**

BOX CPS11	IF COMING FROM INTERRUPT, RETURN TO INTERRUPT MENU. IF COMING FROM NS, RETURN TO NSINTRO1. IF COMING FROM ST AND EXIT INTERVIEW WHERE PREVIOUS INTERVIEW WAS SKIPPED, GO TO ST68. IF COMING FROM ST AND EXIT INTERVIEW WHERE PREVIOUS INTERVIEW WAS <u>NOT</u> SKIPPED, GO TO NSINTRO1 OR RETURN TO CPSINTRO AS APPROPRIATE. OTHERWISE, GO TO CPSINTRO OR NEXT SECTION. TURN "STATEMENT EXPECTED" FLAG OFF IF BUNDLE WAS COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND.
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CPS17. DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?

**RRADD** YES ..... 1 (CPS18)  
 NO ..... 2 **BOX CPS14**

CPS18. SELECT SOURCE, ENTER REIMBURSEMENT/REFUND AMOUNT.

USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ESC TO LEAVE SCREEN.

REIMTYPE  
REIMAMT  
REIMDMEM  
REIMPLAN  
REIMOSOP

REIMBURSEMENT AMOUNT

MEDICARE	\$_____.
[VA (DEPT. OF VETERANS AFFAIRS)]	\$_____.
____ SOP 1	\$_____.
____ SOP 2	\$_____.
____ SOP 3	\$_____.
____ (NAME OF DM)	\$_____.

BOX	SOP ADDED IN CPS18 .....	1 (CPS19)
CPS12	NO SOP ADDED IN CPS18 .....	2 (CPS20)

CPS19. [What type of health insurance plan is (SOP NAME)?]

TEMP	MEDICAID/MEDICAID MANAGED CARE	
	PLAN .....	1 <b>BOX CPS13</b>
	OTHER PUBLIC PLAN	
	(OTHER THAN MEDICAID) .....	2 <b>BOX CPS13</b>
	PRIVATE HEALTH INSURANCE .....	3 <b>BOX CPS13</b>
	NOT A HEALTH INSURANCE PLAN	
	(INCLUDING VA) .....	4 (CPS20)
	MILITARY PLAN ( <u>NOT</u> INCLUDING VA	
	OR TRICARE).....	5 (CPS20)
	NOT SP'S INSURANCE PLAN	
	(PLAN BELONGS TO SOMEONE ELSE) ....	6 (CPS20)
	MEDICARE MANAGED CARE PLAN .....	7 <b>BOX CPS13A</b>
	DISCOUNT/SAVINGS MEMBERSHIP.....	8 <b>BOX CPS13c</b>
	TRICARE.....	9 <b>BOX CPS13</b>
	REFUSED .....	-7 (CPS20)
	DON'T KNOW .....	-8 (CPS20)



BOX CPS13	<p>a. IF CPS19=1 AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10d13, THEN GO TO (b). IF CPS19 = 2, ASK HI13-HI16a13, THEN GO TO (b). IF CPS19 = 3, ASK HI21-HI33c, THEN GO TO (b). IF CPS19 = 9 AND TRICARE PREVIOUSLY ENTERED, DISPLAY MESSAGE: "TRICARE ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HIT2 – HIT10, THEN GO TO (b).</p> <p>b. ADD SOP TO PLAN ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER, THEN GO TO CPS20.</p> <p>c. SET FLAG THAT DM WAS COLLECTED IN SOP ROSTER. THEN GO TO <b>BOX DM2</b>.</p>
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BOX CPS13A	IF MEDICARE MANAGED CARE PLAN ADDED AND NO OTHER MEDICARE MANAGED CARE PLAN IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.
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CPS20. WHAT (OTHER) TYPE(S) OF EVENT(S) ARE COVERED BY THIS REIMBURSEMENT? [CODE ALL THAT APPLY.]

[PRESS CTRL/L TO LEAVE SCREEN.]

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

<b>REIMSBL</b>	SEPARATELY BILLING LAB (SL) .....	1
<b>REIMSD</b>	SEPARATELY BILLING DOCTOR (SD) .....	2
<b>REIMDU</b>	DENTAL (DU) .....	3
<b>REIMER</b>	HOSPITAL EMERGENCY ROOM (ER) .....	4
<b>REIMIP</b>	HOSPITAL INPATIENT STAY (IP) .....	5
<b>REIMOP</b>	HOSPITAL OUTPATIENT VISIT (OP) .....	6
<b>REIMIU</b>	INSTITUTIONAL STAY (IU) .....	7
<b>REIMHHP</b>	HOME HEALTH PROFESSIONAL (HP) .....	8
<b>REIMOH</b>	OTHER HOME HEALTH (HF) .....	9
<b>REIMMP</b>	OTHER VISITS TO MEDICAL PROVIDERS (MP) .....	10
<b>REIMOM</b>	OTHER MEDICAL EXPENSES (OM) .....	11
<b>REIMPM</b>	PRESCRIBED MEDICINES (PM) .....	12
	DON'T KNOW .....	-8

CPS21. PLEASE USE CTRL/K TO RECORD ANYTHING ELSE YOU KNOW ABOUT THIS REFUND (PROVIDER(S), DATE(S), ETC.).

[PRESS ENTER TO CONTINUE.]

BOX CPS14	IF ROUTED TO REIMBURSEMENT/REFUND FROM CPS, GO TO <b>BOX CPS11</b> . IF ROUTED TO REIMBURSEMENT/REFUND FROM INTERRUPT, RETURN TO INTERRUPT MENU.
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CPS22. THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACKUP.  
[NOBACKUP]  
IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.  
  
OTHERWISE, PRESS ENTER TO CONTINUE.

CPS Addendum

Segments: EVNT  
PMED  
PMRO  
XMED  
COND  
XCON  
PROV  
HRND  
COST  
COSA  
CORO  
XCEV  
PAYM  
REIM  
OSOP  
PLAN  
PLRO  
DMEM  
DMRO