

MCBS MAIN STUDY - ROUND 40, FALL 2004
COMMUNITY COMPONENT
ST. CHARGE QUESTIONS (STATEMENT SERIES)

BOX ST1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO NS. IF COMING FROM CTRL/E AND ONE OR MORE CHARGE BUNDLES PREVIOUSLY ENTERED, GO TO ST1a. IF MANAGED CARE PLAN (MEDICARE <u>OR</u> PRIVATE -- <u>NOT</u> MEDICAID) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO ST1ahmo. OTHERWISE, GO TO ST1.
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BOX ST1B OMITTED.

ST1ahmo. Now that we have finished talking about medical visits and prescribed medicines, let's talk about (your/SP's) medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE.

[(Do you/Does SP) usually receive any statements or papers from Medicare, insurance, such as (MOST RECENT MEDICARE MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that (you/SP) (PREVIOUS ROUND RESPONSE TO ST1ahmo) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.] Please tell me if (currently) (you always receive/SP always receives) statements, sometimes receive(s) statements, or never receive(s) statements.

MHMOSTMT	ALWAYS	1 (ST1)
	SOMETIMES.....	2 (ST1)
	NEVER.....	3 (ST70)
	REFUSED	-7 (ST1)
	DON'T KNOW	-8 (ST1)

BOX ST1AA OMITTED IN ROUND 23.

ST1bhmo OMITTED IN ROUND 23.

ST1chmo OMITTED IN ROUND 23.

BOX ST1C OMITTED IN ROUND 23.

ST1. [Now that we have finished talking about medical visits and prescribed medicines, let's talk about (your/SP's) medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE.]

Do you have any statements or paper from Medicare, insurance, or TRICARE [that (you/SP) received since the last interview]?

MCSAVAIL	YES	1 (ST2)
	NO	2 (ST70)
	REFUSED	-7 (ST70)
	DON'T KNOW	-8 (ST70)

ST1a. INTERVIEWER: YOU HAVE ENTERED THE FOLLOWING CLAIM CONTROL NUMBERS FOR THIS ROUND.

MSN: XXXXXX	MSN: XXXXXX	MSN: XXXXXX
INS: XXXXXX	INS: XXXXXX	INS: XXXXXX
TRI: XXXXXX	TRI: XXXXXX	TRI: XXXXXX
ETC.		

[PRESS ENTER TO CONTINUE.]

Do you have any other statements or paper from Medicare, insurance, or TRICARE?

[PROBE IF NECESSARY: Please include any Medicare, insurance, or TRICARE statements that (you/SP) received since the last interview.]

MCSAVAIL	YES	1 (ST2)
	NO	2 BOX ST65
	REFUSED	-7 BOX ST65
	DON'T KNOW	-8 BOX ST65

BOX ST1 OMITTED.

ST2. SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

MATCH UP MEDICARE, INSURANCE, AND TRICARE STATEMENTS BY PROVIDER AND DATE OF SERVICE.
[PRESS ENTER TO LEAVE SCREEN.]

ST3. FOR THE (FIRST/NEXT) MEDICAL EVENT OR BUNDLE OF EVENTS TO BE ENTERED, PLEASE ENTER THE CODE FOR THE SOURCE(S) OF THE STATEMENT(S).

STATTYPE	MEDICARE STATEMENT ONLY	1 (ST3a)
	INSURANCE STATEMENT ONLY	2 (ST6a)
	BOTH MEDICARE <u>AND</u> INSURANCE STATEMENTS	3 (ST3a)
	TRICARE STATEMENT ONLY	4 (ST6b)
	BOTH MEDICARE <u>AND</u> TRICARE STATEMENTS	5 (ST3a)
	BOTH TRICARE <u>AND</u> INSURANCE STATEMENTS	6 (ST6a)
	MEDICARE <u>AND</u> TRICARE <u>AND</u> INSURANCE STATEMENTS	7 (ST3a)

ST3a. WHICH TYPE OF MEDICARE STATEMENT DO YOU HAVE TO ENTER?
[SEE SHOWCARD ST1 FOR MEDICARE STATEMENT EXAMPLES.]

MCARTYPE	MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE - ASSIGNED <u>OR</u> UNASSIGNED CLAIMS (EXAMPLE 4)	4 (ST4a)
	MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (EXAMPLE 5)	5 (ST4a)
	MEDICARE SUMMARY NOTICE: PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (EXAMPLE 6).....	6 (ST4a)
	MEDICARE SUMMARY NOTICE: HOME HEALTH CARE (EXAMPLE 7).....	7 (ST4a)
	MEDICARE SUMMARY NOTICE: PART A HOSPICE FACILITY CLAIMS (EXAMPLE 8).....	8 (ST4a)

ST4 OMITTED IN ROUND 40.

ST4a. ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN)
ASSOCIATED WITH ONE CLAIM TOTAL.
IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER SHIFT/8.
[USE CTRL/L TO LEAVE SCREEN.]
[DO NOT ENTER ANY CLAIM CONTROL NUMBERS THROUGH CTRL/K.]

MSNCLNUM	MSN CLAIM CONTROL NUMBER: _____
MSNCLNM2	MSN CLAIM CONTROL NUMBER: _____
MSNCLNM3	MSN CLAIM CONTROL NUMBER: _____
MSNCLNM4	MSN CLAIM CONTROL NUMBER: _____
MSNCLNM5	MSN CLAIM CONTROL NUMBER: _____
	DON'T KNOW-8

BOX ST2	IF ST3=1, 3, 5, OR 7 AND ST3a=4-8 AND FIRST NUMBER ENTERED AT ST4a DOES NOT = DK, GO TO ST5a. IF FIRST NUMBER ENTERED AT ST4a = DK, GO TO BOX ST3A .
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ST5 OMITTED IN ROUND 40.

ST5a. PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN)
AGAIN.

MSN CLAIM CONTROL NUMBER: _____
MSNCLNUM
(TEMP VARIABLE)

BOX ST3	EDIT CHECK FOR ST4a/ST5a (MSNCLNUM): CHECK CLAIM NUMBER IN ST5a AGAINST FIRST MSN CLAIM NUMBER IN ST4a. IF SAME NUMBER AS FIRST NUMBER IN ST4a, GO TO BOX ST3A . IF NOT THE SAME NUMBER AS FIRST NUMBER IN ST4a, GO TO ST6aa.
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ST6 OMITTED IN ROUND 40.

ST6aa. YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY.

FIRST TIME: FIRST (MSN CLAIM CONTROL NUMBER)

SECOND TIME: SECOND (MSN CLAIM CONTROL NUMBER)

WHICH IS CORRECT?

WHICHNUM	FIRST	1
	SECOND	2
	NEITHER	3

BOX ST3A	IF ST3 = 3 OR 7, GO TO ST6a. IF ST3 = 5, GO TO ST6b. OTHERWISE, GO TO ST8.
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ST6a. ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER SHIFT/8.

INSCLNUM	INSURANCE CLAIM CONTROL	
	NUMBER:	
	DON'T KNOW	-8

BOX ST3B	IF ST3 = 2 OR 3, GO TO ST8. IF ST3 = 6 OR 7, GO TO ST6b.
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ST6b. ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER SHIFT/8.

TRICLNUM	TRICARE CLAIM CONTROL	
	NUMBER:	
	DON'T KNOW	-8

BOX ST4 OMITTED IN ROUND 23.

ST7 OMITTED IN ROUND 23.

BOX ST4A OMITTED IN ROUND 23.

ST8. (MSN/INSURANCE)/TRICARE CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE [MEDICARE SUMMARY
NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT]?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

INCDATES	PROVIDER SERVICE DATES	1
INCOMS	OTHER MEDICAL EXPENSES	2
INCPMS	PRESCRIBED MEDICINES	3

BOX ST5	IF ST8 = 1, GO TO ST9. IF ST8
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ST9. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

WHICH MEDICAL PROVIDERS ARE IN THIS BUNDLE?
[ENTER ALL PROVIDERS.]

PROVNAME
COSTPROV

ST10. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX
 PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXXX

SELECT, CORRECT, ADD DATE(S) IN THIS CHARGE BUNDLE ON THE [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT].

TYPE	START DATE	STOP DATE	ROUND
X XXX	XX/XX/XX	XX/XX/XX	R(XX) ORP

TYPE: 1=SEPARATELY BILLING LAB (SL) 2=SEPARATELY BILLING DOCTOR (SD) 3=DENTAL (DU)
 4=HOSPITAL EMERGENCY ROOM (ER) 5=HOSPITAL INPATIENT STAY (IP) 6=HOSPITAL OUTPATIENT
 VISIT (OP) 7=INSTITUTIONAL STAY (IU) 8=HOME HEALTH PROFESSIONALS (HP) 9=OTHER HOME
 HEALTH (AIDES, HOMEMAKERS, ETC.) (HF) 10=ALL OTHER VISITS TO MEDICAL PROVIDERS (MP)

XCEVRNDC

RVLINKS

COSTBEGM

COSTENDM

COSTBEGD

COSTENDD

COSTBEGY

COSTENDY

BOX ST5A	IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, OR 9, GO TO ST10a. IF HH EVENT ADDED AND INTERVIEW IS TYPE 2 OR 7, EVENT GETS CURRENT ROUND DATE, GO TO BOX ST5B . OTHERWISE, GO TO BOX ST5B .
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ST10a. WHICH REFERENCE PERIOD IS THE HOME HEALTH EVENT FOR?

HHROUND

Type 1

(REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)

(2 ROUNDS BACK FROM CURRENT ROUND) 1

(PREVIOUS INT. REF. DATE - PREVIOUS INT. DATE) (PREVIOUS ROUND) 2

(PREVIOUS INT. DATE - TODAY) (CURRENT ROUND) 3

Type 4

(REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)

[(2 ROUNDS BACK FROM CURRENT ROUND)/(PREVIOUS ROUND)] 1

[(2 ROUNDS BACK FROM CURRENT ROUND)/(PREVIOUS ROUND)] - TODAY

(CURRENT ROUND) 3

Type 5

(REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)

(2 ROUNDS BACK FROM CURRENT ROUND) 1

(PREVIOUS INT. REF. DATE - TODAY) (CURRENT ROUND) 3

BOX ST5B	IF MULTIPLE PROVIDERS ADDED AT ST9, GO TO ST10 AND COLLECT EVENT DATES FOR NEXT PROVIDER. OTHERWISE, GO TO ST11.
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ST11. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX
PROVIDER: XXXX

ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON THE [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT] SHOWN BELOW?

PROVIDER(S):
NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)
ETC.

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)
ETC.

DATEMTCH

YES 1 **BOX ST6**
NO 2 [DISPLAY MESSAGE]

BOX ST6	IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE “ORP” FLAG AND ST8 = 2, GO TO ST17. IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE “ORP” FLAG AND ST8 ≠ 2 AND ST8 = 3, GO TO ST19. IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE “ORP” FLAG AND ST8 ≠ 2 OR 3, GO TO BOX ST49 . IF ANY ADDED UTILIZATION DATES IN ST10 DO NOT HAVE “ORP” FLAG, GO TO ST12, UNLESS UTILIZATION IS IU. IF UTILIZATION IS IU, GO TO BOX ST8 . SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES.
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ST12. Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.
[PRESS ENTER TO CONTINUE.]

BOX ST10	IF ST14 = 1, SET VA FLAG. THEN:	
	aa.	TYPE AT ST10/CT72 = 7 1 BOX ST10A
		TYPE AT ST10/CT72 ≠ 7 2 (a)
	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25, OR MEDICARE MANAGED CARE FLAG =1 FOR ANY PLAN) 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS)..... 2 BOX ST10A
	b.	MANAGED CARE FLAG CODED YES FOR THIS PROVIDER. 1 BOX ST10A
		MANAGED CARE FLAG = 2, -7, -8, -9 FOR THIS PROVIDER. 2 (ST16)
		MANAGED CARE FLAG NOT SET FOR THIS PROVIDER 3 (ST15)

ST15. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES	1 BOX ST10A
NO	2 (ST16)
REFUSED	-7 BOX ST10A
DK	-8 (ST16)

ST16. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES	1
NO	2
REFUSED	-7
DK	-8

BOX ST10A	COLLECT NEW UTILIZATION FOR EACH VISIT DATE:	
	IF TYPE AT ST10/CT72 = 3, AND ST16 = 2, GO TO DU5a. OTHERWISE GO TO DU7.	
	IF TYPE AT ST10/CT72 = 4, AND ST16 = 2, GO TO ER3c. OTHERWISE, GO TO ER5.	
	IF TYPE AT ST10/CT72 = 5, AND ST16 = 2, GO TO IP3c. OTHERWISE, GO TO IP7.	
	IF TYPE AT ST10/CT72 = 6, AND ST16 = 2, GO TO OP3c. OTHERWISE, GO TO OP5.	
	IF TYPE AT ST10=7, NOT COMING FROM INTERRUPT AND:	
	IF ST8 = 2, GO TO ST17;	
	IF ST8 ≠ 2 AND ST8 = 3, GO TO ST19;	
	IF ST8 ≠ 2 OR 3, GO TO BOX ST49 .	
	IF TYPE AT ST10/CT72 = 10, AND ST16 = 2, GO TO MP5a. OTHERWISE, GO TO BOX MP2A .	
IF COMING FROM INTERRUPT, OPTION 7, GO TO BOX ST12 .		

BOX ST11 OMITTED.

BOX ST12	STARTING AT BOX ST7 , COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (i.e., NO “ORP” FLAG AT ST10). THEN: IF ST8 = 2, GO TO ST17. IF ST8 ≠ 2 AND ST8 = 3, GO TO ST19. IF ST8 ≠ 2 OR 3, GO TO BOX ST49 . IF COMING FROM INTERRUPT OPTION 7 PRIOR TO COMPLETING ST, GO TO INTERRUPT MENU. IF INTERRUPT USED AFTER NS, GO TO NS1. COLLECT CHARGE INFORMATION, RETURN TO INTERRUPT MENU.
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ST17. (MEDICARE/MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT, OR ADD OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE
[MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT].

	ITEM/TYPE	START DATE	STOP DATE	NUMBER OF PURCHASES	ROUND	
X R	XXXXXXXX	XX/XX/XX	XX/XX/XX	XX	R(xx)	ORP

ITEM: 1=GLASSES/CONTACTS 2=HEARING/SPEECH DEVICE 3=ORTHOPEDIC ITEM 4=DIABETIC
SUPPLIES 5=AMBULANCE/RESCUE 6=PROSTHESIS 7=ALTERATIONS (HOME/CAR) 8=OXYGEN 9=KIDNEY
DIALYSIS 10=ALL OTHER MEDICAL SUPPLIES

[IF ORTHOPEDIC ITEM: 21=BRACES/SUPPORTS 22=CANE 23=CORRECTIVE SHOES 24=CRUTCHES
25=WALKER 26=WHEELCHAIR/CART 27=STOCKINGS 91=OTHER (SPECIFY)]

[IF ALTERATION: 31=ELEVATOR 32=HANDRAILS (NOT TUB) 33=RAMPS 34=TUB HANDRAILS 35=TUB
SEAT 36=ANY CAR ALTERATION 91=OTHER (SPECIFY)]

[IF OTHER MEDICAL SUPPLIES: 41=RAISED TOILET SEAT 42=PORTABLE TUB SEAT 43=SPECIAL
CHAIR/CUSHION/MATTRESS 44=HOSPITAL BED 45=OSTOMY SUPPLIES 46=INCONTINENCE SUPPLIES
47=BANDAGES 48=PULMONARY EQUIPMENT 49=BLOOD PRESSURE EQUIPMENT 91=OTHER
(SPECIFY)]

[IF OXYGEN ITEM: 51=OXYGEN/SUPPLIES 52=OXYGEN-RELATED EQUIPMENT]

[IF KIDNEY DIALYSIS ITEM: 61=KIDNEY DIALYSIS SUPPLIES 62=KIDNEY DIALYSIS EQUIPMENT]

XCEVRNDC
NUMLINKS

BOX ST12A	<p>a) IF CTRL/A AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLANS THIS ROUND AND: TYPE ADDED = 1, GO TO OM2a, THEN GO TO ST18. TYPE ADDED = 2, GO TO OM4a, THEN GO TO ST18. TYPE ADDED = 3 AND SUBCATEGORY = 21, 22, 23, OR 27, GO TO OM7aa, THEN GO TO ST18. TYPE ADDED = 4, GO TO OM10a, THEN GO TO ST18. TYPE ADDED = 5, GO TO OM12a, THEN GO TO ST18. TYPE ADDED = 6, GO TO OM14a, THEN GO TO ST18. TYPE ADDED = 8 AND SUBCATEGORY = 51, GO TO OM20aa, THEN GO TO ST18. TYPE ADDED = 9 AND SUBCATEGORY = 61, GO TO OM22aa, THEN GO TO ST18.</p> <p>b) IF CTRL/A AND TYPE ADDED = 24, 25, 26, 41-44, 48, 52, 62, OTHER SPECIFY ORTHOPEDIC ITEM, OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO ST17aa.</p> <p>c) IF CTRL/A AND TYPE ADDED = 49, GO TO BOX ST12AB.</p> <p>d) OTHERWISE, GO TO ST18.</p>
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ST17aa. Did (you/SP) buy or repair the (ITEM ADDED AT ST17), or did (you/SP) rent (it/them)?

RENTPROB	BUY/REPAIR	1	BOX ST12AC
	RENT	2	BOX ST12AA
	REFUSED	-7	BOX ST12AC
	DK	-8	BOX ST12AC

BOX ST12AA	COMPARE RENTAL ITEM ADDED AT ST17 WITH EXISTING RENTAL ITEMS ON THE OM ROSTER. IF RENTAL TYPE MATCHES AND THE START DATE OF THE ITEM ADDED IS ON THE START DATE OR BETWEEN THE START DATE AND STOP DATE OF THE MATCHED ITEM, GO TO ST17bb. OTHERWISE, GO TO BOX ST12AB .
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ST17bb. ORIGINAL RENTAL EVENT(S)

ITEM/TYPE: (XXXXXXX)	START DATE: (XX/XX/XX)	STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)	START DATE: (XX/XX/XX)	STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)	START DATE: (XX/XX/XX)	STOP DATE: (XX/XX/XX)

ADDED RENTAL EVENT

ITEM/TYPE: (XXXXXXX) START DATE: (XX/XX/XX) STOP DATE: (XX/XX/XX)

THE RENTAL EVENT JUST ADDED OVERLAPS ONE OR MORE EXISTING RENTAL EVENTS OF THE SAME TYPE. (SEE INFORMATION ABOVE.)

ARE THE CHARGES SHOWN IN THE STATEMENT YOU HAVE NOW FOR ONE OF THE ORIGINAL RENTAL ITEMS, OR ARE THEY FOR A NEW RENTAL ITEM?

TEMP	ORIGINAL RENTAL ITEM	1	ST17cc
	NEW RENTAL ITEM	2	BOX ST12AB
	DK	-8	BOX ST12AB

ST17cc. USE CTRL/B TO RETURN TO THE OM ROSTER. AT THE ROSTER, DELETE THE RENTAL ITEM THAT YOU JUST ADDED AND SELECT THE ORIGINAL RENTAL ITEM. [PRESS CTRL/B TO LEAVE THE SCREEN.]

BOX ST12AB	IF TYPE ADDED AT ST17 = 24, 25, 26 OR OTHER SPECIFY ORTHOPEDIC ITEM, GO TO OM7b. IF TYPE ADDED AT ST17 = 52, GO TO OM20b. IF TYPE ADDED AT ST17 = 62, GO TO OM22b. IF TYPE ADDED AT ST17 = 41-44, 48 OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO OM26a1. IF TYPE ADDED AT ST17 = 49, GO TO OM26aa.
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BOX ST12AC	IF COMING FROM ST17aa AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLANS THIS ROUND, GO TO OM7aa AND THEN GO TO BOX ST12B . OTHERWISE, GO TO BOX ST12B .
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BOX ST12B	IF ITEM OR ITEMS INCLUDED IN THIS BUNDLE RENTED (RENTPROB = 2), GO TO ST17a FOR EACH RENTAL ITEM. IF NO RENTAL ITEMS, GO TO ST18.
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ST17a. (RENTAL ITEM) (RENTAL BEGIN DATE) - (LAST RENTAL DATE)

How many months are covered by this statement for the (RENTAL ITEM)?
[ENTER 96 IF LESS THAN 1 MONTH.]

MONTHCOV

MONTHS: _____

REFUSED -7

DON'T KNOW -8

BOX ST12C	GO TO ST17a FOR EACH RENTAL ITEM INCLUDED IN THIS BUNDLE. IF NO OTHER RENTAL ITEMS IN THIS BUNDLE, GO TO ST18.
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ST18. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

ARE ALL OF THE OTHER MEDICAL EXPENSE ITEMS FROM THE CHARGE BUNDLE ON THE [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT] SHOWN BELOW?

OTHER MEDICAL EXPENSES:

ITEM

DATE TO [END DATE/RR/OW] (ORP) OR NUMBER OF PURCHASES

ETC.

PROVIDER(S):

NAME

TYPE

DATE [TO DATE] (ORP) (XX VISITS)

ETC.

OMMTCHYES 1 **BOX ST13**

NO 2 [DISPLAY MESSAGE]

BOX ST13	IF ST8 = 3, GO TO ST19. IF ST8 ≠ 3, GO TO BOX ST49 . NOTE: FOR EACH OM ADDED AT ST17, SET FLAG TO NOTE THAT OM WAS COLLECTED IN CHARGE SERIES.
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ST19. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT OR ADD PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT].

MEDICINE	NUMBER OF PURCHASES COVERED BY STATEMENT
X XXXXXXXXXXXXX	XX

XCEVRNDC
NUMLINKS

ST20. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

ARE ALL OF THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT] SHOWN BELOW?

PRESCRIBED MEDICINES:

NAME NUMBER OF PURCHASES
ETC.

PROVIDER(S):

NAME TYPE DATE [TO DATE] (ORP) (XX VISITS)
ETC.

OTHER MEDICAL EXPENSES:

ITEM DATE TO [END DATE/RR/OW] (ORP) OR NUMBER OF PURCHASES
ETC.

PMMTCH

YES 1 **BOX ST13A**
NO 2 [DISPLAY MESSAGE]

BOX ST13A	IF MEDICINES ADDED AT ST19 AND SP HAS USED V.A. FACILITIES (HI36=1), GO TO ST20aa. IF MEDICINES ADDED AT ST19 AND SP HAS NOT USED V.A. (HI36≠1), GO TO BOX ST14 . IF NO MEDICINES ADDED AT ST19, GO TO BOX ST49 .
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ST20aa. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?

PMSATVA

YES 1
NO 2
REFUSED -7
DON'T KNOW -8

BOX ST14	<p>IF MANAGED CARE PLAN (MEDICARE <u>OR</u> PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO ST20a.</p> <p>IF <u>NO</u> MANAGED CARE PLAN WAS IN EFFECT DURING THE CURRENT ROUND, GO TO ST21.</p>
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ST20a. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include obtaining the purchases at a managed care plan pharmacy; at a pharmacy that honors (your/SP's) plan card; or through a mail order service that the managed care plan referred (you/SP) to.]

[DISPLAY ALL MANAGED CARE PLAN NAMES]

PMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

ST21. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]

[PRESS ENTER TO CONTINUE]

BOX ST15	GO TO BOX PM1B FOR EACH MEDICINE ADDED AT ST19. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CHARGE SERIES.
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BOX ST16 OMITTED.

BOX ST17 OMITTED IN ROUND 23.

ST22 OMITTED IN ROUND 23.

ST23 – ST29 OMITTED.

BOX ST49	IF MEDICARE/INSURANCE/TRICARE “STATEMENT EXPECTED” FLAG SET DURING PREVIOUS ROUND FOR ANY EVENT IN THIS CHARGE BUNDLE, TURN FLAG OFF. IF ANY EVENT IN THIS BUNDLE ASSOCIATED WITH ANY OTHER BUNDLE FLAGGED FOR CPS, DO NOT BRING BUNDLE INTO CPS.
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BOX ST50	CHECK ALL EVENTS ASSOCIATED WITH THIS CLAIM NUMBER: IF ALL EVENT DATES ARE BEFORE THE SURVEY REFERENCE PERIOD, GO TO ST50. IF ANY EVENT IS WITHIN THE SURVEY REFERENCE PERIOD OR AFTER THE SURVEY REFERENCE PERIOD FOR SPS WHO ARE DECEASED OR INSTITUTIONALIZED, GO TO BOX ST51 .
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ST50. SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.

GO TO ST68a

BOX ST51	IF ST3a = 4 OR ST3 = 2, 4, OR 6, GO TO ST51. IF ST3a = 5, 6, 7, OR 8, GO TO ST52b.
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ST51. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
(PROVIDER: XXXX)

WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?

ASGNTAKE	YES	1
	NO	2
	CAN'T TELL	3

BOX ST51A OMITTED IN ROUND 22.

BOX ST52 OMITTED IN ROUND 23.

BOX ST52A	IF ST3 = 2, 4, OR 6, GO TO ST52. IF ST3a = 4, GO TO ST52a.
--------------	---

ST52. (INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
(PROVIDER: XXXX)

ENTER THE FOLLOWING AMOUNTS FROM THE (INSURANCE/TRICARE) STATEMENT. IF AMOUNT NOT AVAILABLE, ENTER SHIFT/8.

TOTALCHG	A. TOTAL CHARGE/BILLED AMOUNT:.....	\$ _____
MCAPPAMT	B. TOTAL MEDICARE APPROVED AMOUNT:.....	\$ _____
MCPAYAMT	C. TOTAL MEDICARE PAYMENT:.....	\$ _____
MCREDPCT	D. MEDICARE PAYMENT REDUCTION:	_____ %
STDATQNO		

[GO TO **BOX ST54.**]

BOX ST53 OMITTED IN ROUND 40.

ST52a. MSN CLAIM CONTROL NUMBER: XXXXXX
(PROVIDER: XXXX)

ENTER THE FOLLOWING AMOUNTS FROM THE MSN STATEMENT:

TOTALCHG	B. AMOUNT CHARGED:	\$ _____
MCAPPAMT	C. MEDICARE APPROVED:.....	\$ _____
MCPAYAMT	D. MEDICARE PAID (PROVIDER/YOU):.....	\$ _____
MAYBBILL	E. YOU MAY BE BILLED:	\$ _____
STDATQNO		

[GO TO **BOX ST53A**]

ST52b. MSN CLAIM CONTROL NUMBER: XXXXXX
(PROVIDER: XXXX)

ENTER THE FOLLOWING AMOUNTS FROM THE MSN. [DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.]

DAYSUSED	A. (BENEFIT DAYS USED:.....	_____ DAYS)
TOTALCHG	B. (AMOUNT CHARGED:	\$ _____)
NONCOVRD	C. NON-COVERED CHARGES:	\$ _____
COINSUR	D. (DEDUCTIBLE AND COINSURANCE/COINSURANCE):	\$ _____
MAYBBILL	E. YOU MAY BE BILLED:	\$ _____
STDATQNO		

[GO TO **BOX ST53A**]

ST52c OMITTED IN ROUND 40.

BOX ST53A	<p>a. IF COMING FROM ST52a: IF ST51 = 1, THEN AMOUNT REMAINING = E IF ST51 = 2 AND EITHER B OR D = -8, THEN AMOUNT REMAINING = -8 IF ST51 = 2 AND BOTH B AND D NOT = -8, THEN AMOUNT REMAINING = B-D. GO TO c.</p> <p>b. IF COMING FROM ST52b: AMOUNT REMAINING = E</p> <p>c. IF AMOUNT REMAINING < \$1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE ≠ 8), GO TO ST68a. IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION. IF AMOUNT REMAINING = -8, GO TO ST61. IF AMOUNT REMAINING ≠ -8 AND > \$1.00, GO TO ST58.</p>
--------------	---

ST53 OMITTED IN ROUND 40.

ST54 OMITTED IN ROUND 40.

BOX ST54	<p>a. SET FLAG TO NOTE THAT DATA WERE FROM ST52.</p> <p>b. CALCULATE AMOUNT REMAINING AS FOLLOWS: IF ST51 = 1 AND ST52 LINES B, C AND D ≠ -8, AMOUNT REMAINING = $B - [C + (C \cdot D)]$ IF ST51 = 1 AND ST52 LINES B, C OR D = -8, THEN AMOUNT REMAINING = -1. IF ST51 = 2 AND ST52 LINES A, C AND D ≠ -8, AMOUNT REMAINING = $A - [C + (C \cdot D)]$ IF ST51 = 2 AND ST52 LINES A, C OR D = -8, THEN AMOUNT REMAINING = -1. IF ST51 = 3, USE THESE RULES IN PRIORITY ORDER: 1. IF ST52 LINES A AND C ≠ -8, THEN AMOUNT REMAINING = $A - C$ 2. IF ST52 LINES B, C AND D ≠ -8, THEN AMOUNT REMAINING = $B - [C + (C \cdot D)]$ 3. IF ST52 LINES B AND C ≠ -8, THEN AMOUNT REMAINING = $B - C$ 4. IF NONE OF THESE CONDITIONS ARE TRUE, AMOUNT REMAINING = -1.</p> <p>c. IF AMOUNT REMAINING < \$1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE ≠ 8), GO TO ST68a. IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION. IF LINE B AT ST52 ≠ -8 AND AMOUNT REMAINING < .02*B, AND <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE ≠ 8), GO TO ST68a. IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION. OTHERWISE, GO TO BOX ST56.</p>
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If charge bundle for inpatient stay or institutional stay and on Medicare statement, collection of \$ data begins here.

ST55 OMITTED IN ROUND 40.

ST56 OMITTED IN ROUND 40.

BOX ST55 OMITTED IN ROUND 40.

BOX ST56	IF AMOUNT REMAINING = -1, -8, GO TO ST61. IF AMOUNT REMAINING \neq -1, -8, GO TO ST58.
-------------	---

ST57 OMITTED.

BOX ST57 OMITTED.

ST58. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: (XXXXXX)
(PROVIDER: XXXXXX)

REVIEW CHARGE BUNDLE ON (MEDICARE/TRICARE) STATEMENT WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO -- POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. CODE "1" IF ALREADY KNOWN. OTHERWISE ASK:

So, I have an amount remaining of (AMOUNT REMAINING) that Medicare didn't pay. (Have you/Has SP) or any other source [, such as (TRICARE/an insurance plan/TRICARE or an insurance plan),] paid any of this amount?

ARWRONG
TCHGPAID

SP OR ANY SOURCE PAID 1 (ST62)
NOTHING HAS BEEN PAID 2 **BOX ST57A**
AMOUNT REMAINING SEEMS WRONG 3 **BOX ST58**
REFUSED -7 **BOX ST57A**
DON'T KNOW -8 **BOX ST57A**

BOX ST57A	IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST58=REF, GO TO BOX CPS11 /NEXT SECTION. IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a. OTHERWISE, GO TO ST68a IF NOT EXIT INTERVIEW (INTERVIEW TYPE \neq 8). GO TO NEXT SECTION IF EXIT INTERVIEW (INTERVIEW TYPE = 8).
--------------	--

BOX ST58	a. SET FLAG THAT ST58 WAS CODED 3. SET ST58 TO -1. b. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52, GO TO ST59. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52a, GO TO ST59a. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52b, GO TO ST59b.
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*ST59 is used to review and/or correct statement amounts. After interviewer corrects or confirms entries in ST59, program should recalculate amount remaining and return to **BOX ST56** and then ST58 (or ST61 if amount remaining now missing).*

ST59. THESE AMOUNTS WERE ENTERED FROM THE (INSURANCE/TRICARE) STATEMENT:
[MAKE CORRECTIONS AS NECESSARY.]

TOTALCHG A. TOTAL CHARGE/BILLED AMOUNT:..... \$xxxxxxx \$ _____

MCAPPAMT B. TOTAL MEDICARE APPROVED AMOUNT:..... \$xxxxxxx \$ _____

MCPAYAMT C. TOTAL MEDICARE PAYMENT:..... \$xxxxxxx \$ _____

MCREDPCT D. MEDICARE PAYMENT REDUCTION: xxxxxxxx% \$ _____

ARCALFLG G. AMOUNT REMAINING AFTER MEDICARE PAYMENT \$XXXXXXX

CHANGAMT DO YOU WANT TO MAKE ANY CHANGES?

YES 1(RE-ENTER A-D) **BOX ST59**
NO 2 **BOX ST59**

BOX ST59	<p>a. IF ANY CHANGES MADE IN ST59, RECALCULATE AMOUNT REMAINING, USING RULES IN BOX ST54.</p> <p>b. IF AMOUNT REMAINING \neq -1, -8 AND $<$ \$1.00, GO TO ST68a. IF <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE \neq 8). IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION. OTHERWISE, RETURN TO BOX ST56.</p>
-------------	---

ST59a. THESE AMOUNTS WERE ENTERED FROM THE (MSN/TRICARE STATEMENT):
[MAKE CORRECTIONS AS NECESSARY.]

TOTALCHG B. AMOUNT CHARGED:..... \$xxxx.xx \$ _____

MCAPPAMT C. MEDICARE APPROVED:..... \$xxxx.xx \$ _____

MCPAYAMT D. MEDICARE PAID (PROVIDER/YOU):..... \$xxxx.xx \$ _____

MAYBBILL E. YOU MAY BE BILLED:..... \$xxxx.xx \$ _____

CHANGAMT DO YOU WANT TO MAKE ANY CHANGES?

YES 1(RE-ENTER B-E) **BOX ST59A**
NO 2 **BOX ST59A**

ST59b. THESE AMOUNTS WERE ENTERED FROM THE MSN:
[MAKE CORRECTIONS AS NECESSARY.]

DAYSUSED (A. BENEFIT DAYS USED: xxx _____ DAYS)
TOTALCHG (B. AMOUNT CHARGED: \$xxxx.xx \$ _____)
NONCOVRD C. NON-COVERED CHARGES: \$xxxx.xx \$ _____
COINSUR D. (DEDUCTIBLE AND COINSURANCE/COINSURANCE) \$xxxx.xx \$ _____
MAYBBILL E. YOU MAY BE BILLED: \$xxxx.xx \$ _____
CHANGAMT DO YOU WANT TO MAKE ANY CHANGES?

YES 1(RE-ENTER A-E) **BOX ST59A**
 NO 2 **BOX ST59A**

BOX ST59A	<p>a. IF ANY CHANGES MADE IN ST59a OR ST59b, REDETERMINE AMOUNT REMAINING USING RULES IN BOX ST53A.</p> <p>b. IF AMOUNT REMAINING \neq -8 AND $<$ \$1.00, GO TO ST68a IF <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE \neq 8). IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION. IF AMOUNT REMAINING = -8, GO TO ST61. IF AMOUNT REMAINING \neq -8 AND $>$ \$1.00, GO TO ST58.</p>
--------------	--

ST60 OMITTED IN ROUND 40.

BOX ST60 OMITTED IN ROUND 40.

ST61 is for charge bundles with missing amount remaining.

ST61. (MSN/INSURANCE/TRICARE) CLAIM CONTROL NUMBER: XXXXXX
 (PROVIDER: XXXX)
 TOTAL CHARGE = \$(TOTAL CHARGE)

REVIEW CHARGE BUNDLE ON STATEMENT WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO -- POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.

[Besides Medicare, (have you/has SP)]/[Have you/Has (SP)] or any other source[, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this?

TCHGPAID SP OR ANY SOURCE PAID 1 (ST62)
 NOTHING HAS BEEN PAID 2 **BOX ST60A**
 REFUSED -7 **BOX ST60A**
 DON'T KNOW -8 **BOX ST60A**

BOX ST60A	<p>IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST61=REF, GO TO BOX CPS11/NEXT SECTION.</p> <p>IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a.</p> <p>OTHERWISE, GO TO ST68a IF <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE ≠ 8). IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION.</p>
--------------	--

ST62. (REFER TO INSURANCE STATEMENT.)/(REFER TO TRICARE STATEMENT.)/(REFER TO INSURANCE AND TRICARE STATEMENTS.)
TOTAL CHARGE = \$(TOTAL CHARGE)

Who (else) paid (besides Medicare)? How much did (SOURCE) pay?

ENTER ALL PAYMENT AMOUNTS; USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ARROW TO THE SELECT COLUMN AND ENTER "X" TO CORRECT SOURCE NAME OR ADD AMOUNT; ESC TO LEAVE SCREEN.

OSOPTEXT	PAYMDMEM
PAYMTYPE	PAYMPLAN
PAYMAMT	PAYMOSOP

AMOUNT REMAINING \$xxxxxxxxxxxx

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

BOX ST61	<p>SOP ADDED IN ST62/ST66 1 (ST63)</p> <p>NO SOP ADDED IN ST62/ST66 2 BOX ST63</p>
-------------	---

ST63. [What type of health insurance plan is (SOP NAME)?]

PAYMISHI
PLSOPFLG

MEDICAID/MEDICAID MANAGED CARE PLAN	1	BOX ST62
OTHER PUBLIC PLAN (OTHER THAN MEDICAID)	2	BOX ST62
PRIVATE HEALTH INSURANCE	3	BOX ST62
NOT A HEALTH INSURANCE PLAN (INCLUDING VA)	4	BOX ST62(c)
MILITARY PLAN (<u>NOT</u> INCLUDING VA OR TRICARE)	5	BOX ST62(c)
NOT SP'S INSURANCE PLAN (PLAN BELONGS TO SOMEONE ELSE)	6	BOX ST62(c)
MEDICARE MANAGED CARE PLAN	7	BOX ST62A
DISCOUNT/SAVINGS MEMBERSHIP	8	BOX ST62(d)
TRICARE	9	BOX ST62
REFUSED	-7	BOX ST62(c)
DON'T KNOW	-8	BOX ST62(c)

BOX ST62	<p>a. IF ST63=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 ST63=2, ASK HI13-HI16a13, THEN GO TO (b). IF ST63=3, ASK HI21-HI33c, THEN GO TO (b). IF ST63=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 ST62/ST66, RETURN TO ST63. IF NO OTHER SOP ADDED IN ST62/ST66, GO TO BOX ST63.</p> <p>d. SET FLAG THAT DM WAS COLLECTED IN SOP ROSTER. THEN GO TO BOX DM2.</p>
-------------	---

BOX ST62A	IF MEDICARE MANAGED CARE PLAN ADDED AND NO OTHER MEDICARE MANAGED CARE PLAN IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.
--------------	--

BOX ST63	<p>a. IF AMOUNT REMAINING = -1, -8 OR ALL PAYMENT AMOUNTS IN ST62 ARE DK OR REF OR COMING FROM ST66, GO TO BOX ST64.</p> <p>b. IF AMOUNT REMAINING \neq -1, -8 BUT ANY ST62 AMOUNT = REF OR DK AND IF THE TOTAL OF ALL NON-MISSING ST62 AMOUNTS = OR GREATER THAN THE AMOUNT REMAINING, GO TO ST65a.</p> <p>c. ADD ALL PAYMENTS FROM ST62. COMPARE TOTAL AMOUNT REMAINING: IF TOTAL PAYMENTS IN ST62 = AMOUNT REMAINING, GO TO BOX ST64. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS > \$1.00 AND TOTAL PAYMENTS IS < AMOUNT REMAINING, GO TO ST64. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS > \$1.00 AND TOTAL PAYMENTS IS > AMOUNT REMAINING, GO TO ST65. OTHERWISE, GO TO BOX ST64B.</p>
-------------	--

ST64. TOTAL CHARGE = \$(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	XXXXXXXXXXXXX
SP/FAMILY	XXXXXXXXXXXXX
SOP 1	<u>XXXXXXXXXXXXX</u>
TOTAL OF NON-MEDICARE PAYMENTS	XXXXXXXXXXXXX
AMOUNT UNPAID	XXXXXXXXXXXXX

There seems to be some amount still unpaid. [REVIEW WITH RESPONDENT.] Is that correct?

AMTSCORR	ENTRIES ABOVE ARE CORRECT	1 BOX ST64
	SOP NEEDS ADDITION OR	
	CORRECTION	2 (ST66)
	AMOUNT REMAINING SEEMS	
	INCORRECT	3 (ST64a)
	REFUSED	-7 BOX ST64
	DON'T KNOW	-8 BOX ST64

ST65. TOTAL CHARGE = \$(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	\$XXXXXXXXXXXXX
SP/FAMILY	\$XXXXXXXXXXXXX
SOP 1.....	<u>XXXXXXXXXXXXX</u>
TOTAL OF NON-MEDICARE PAYMENTS	\$XXXXXXXXXXXXX
AMOUNT OVERPAID	\$XXXXXXXXXXXXX

There seem to be more payments than the amount left after Medicare paid. [REVIEW WITH RESPONDENT.] Is that correct?

AMTSCORR	ENTRIES ABOVE ARE CORRECT	1	BOX ST64
	SOP NEEDS ADDITION OR		
	CORRECTION	2	(ST66)
	AMOUNT REMAINING SEEMS		
	INCORRECT	3	(ST64a)
	REFUSED	-7	BOX ST64
	DON'T KNOW	-8	BOX ST64

ST65a. TOTAL CHARGE = \$(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	\$XXXXXXXXXXXXX
SP/FAMILY	\$XXXXXXXXXXXXX
SOP 1.....	<u>XXXXXXXXXXXXX</u>

INTERVIEWER: THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.

AMTSCORR	ENTRIES ABOVE ARE CORRECT	1	BOX ST64
	SOP NEEDS ADDITION OR		
	CORRECTION	2	(ST66)
	AMOUNT REMAINING SEEMS		
	INCORRECT	3	(ST64a)
	REFUSED	-7	BOX ST64
	DON'T KNOW	-8	BOX ST64

ST64a. TOTAL CHARGE = \$(TOTAL CHARGE)

(ST64OV, ST65OV)	AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	\$XXXXXXXXXXXXX
	SP/FAMILY	\$XXXXXXXXXXXXX
	SOP 1.....	<u>XXXXXXXXXXXXX</u>
	(TOTAL OF NON-MEDICARE PAYMENTS	XXXXXXXXXXXXX)
	[AMOUNT (UNPAID/OVERPAID)	XXXXXXXXXXXXX]

INTERVIEWER: USE CTRL/K TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.

BOX ST63A	GO TO BOX ST64.
--------------	------------------------

ST66. TOTAL CHARGE = \$(TOTAL CHARGE)

(THE FOLLOWING PAYMENT INFORMATION WAS ENTERED PREVIOUSLY.) CORRECT PAYMENT AMOUNTS, ADD SOURCES AS NECESSARY.

USE ARROW KEYS; CTRL/A TO ADD A SOURCE; ARROW TO THE SELECT COLUMN AND ENTER "X" TO CORRECT SOURCE NAME OR ADD AMOUNT; TO ERASE AN "X," PRESS SPACE BAR. ESC TO LEAVE SCREEN.

AMOUNT REMAINING	\$xxxxxxxxxxxx
<input type="checkbox"/> SP/FAMILY	\$XXXXXXX
<input type="checkbox"/> PROVIDER DISCOUNT/COURTESY	\$ _____
(<input type="checkbox"/> MEDICARE	\$ _____)
<input type="checkbox"/> [VA (DEPT. OF VETERANS AFFAIRS)]	\$ _____
<input type="checkbox"/> SOP 1	\$XXXXXXX
<input type="checkbox"/> SOP 2	\$ _____
<input type="checkbox"/> SOP 3	\$ _____
<input type="checkbox"/> (NAME OF DM)	\$ _____

OSOPEXT

BOX ST64A	IF SOP IS ADDED AT ST66, GO TO ST63 FOR THAT SOP.
--------------	---

BOX ST64	SP/FAMILY PAYMENT GREATER THAN \$5.00 1 (ST67) SP/FAMILY PAYMENT LESS THAN OR EQUAL TO \$5.00 2 BOX ST64B
-------------	---

ST67. I have recorded that (you have/SP has) paid (SP/FAMILY PAYMENT AMOUNT IN ST62 OR ST66). Do you expect any source to pay (you/SP) back any or all of that amount?

EXPPAYBK

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX ST64B	<p>IF COMING FROM CPS AND:</p> <p>: ST67 = 1 AND EVENT COLLECTED IN PREVIOUS ROUND, GO TO BOX CPS11.</p> <p>: ST67 = 1 AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED) OR COMING FROM INTERRUPT, GO TO CPS3b.</p> <p>: ST67 = 2, -1, REF OR DK AND EVENT COLLECTED IN PREVIOUS ROUND OR COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, GO TO BOX CPS11.</p> <p>OTHERWISE, GO TO ST68a IF <u>NOT</u> EXIT INTERVIEW (INTERVIEW TYPE ≠ 8). IF EXIT INTERVIEW (INTERVIEW TYPE = 8), GO TO NEXT SECTION.</p>
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ST68 OMITTED.

BOX ST64C OMITTED IN ROUND 40.

ST68a. IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS [MEDICARE SUMMARY NOTICE (MSN)/INSURANCE STATEMENT/TRICARE STATEMENT]?

TEMP YES 1 (ST3)
NO 2 (ST68b)

ST68b. IS THERE ANOTHER MEDICARE, MSN, INSURANCE OR TRICARE STATEMENT TO ENTER?

TEMP YES 1 (ST3)
NO 2 **BOX ST65**

BOX ST65	<p>1) IF ALL CURRENT ROUND EVENTS ARE LINKED TO CHARGES OR IF ALL EVENTS NOT YET LINKED TO CHARGES ARE: PMEDS WHERE PM6A=0, REF, OR DK; OR OMs WHERE OM25 = REF OR DK; OR EVENT IS IU; OR EVENT IS IP AND IP5 = 95; OR EVENT IS HH WHERE ONLY SERVICE PROVIDED IS MEAL DELIVERY; OR EVENT IS OM ALTERATION WHERE OM30 = 95; THEN GO TO ST69.</p> <p>2) OTHERWISE, GO TO ST70.</p>
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ST69. YOU HAVE COMPLETED ENTERING CURRENT ROUND CHARGE INFORMATION FOR THIS CASE.

[PRESS ENTER TO CONTINUE.]

ST70. THIS IS THE LAST SCREEN IN THE SECTION WHERE YOU CAN BACKUP.
[NOBACKUP]

IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.

OTHERWISE, PRESS ENTER TO CONTINUE.

BOX ST66	<ol style="list-style-type: none">1) IF ALL CURRENT ROUND EVENTS ARE LINKED TO CHARGES OR IF ALL EVENTS NOT YET LINKED TO CHARGES ARE: PMEDS WHERE PM6A=0, REF, OR DK; OR OMs WHERE OM25 = REF OR DK; OR EVENT IS IU; OR EVENT IS IP AND IP5 = 95; OR EVENT IS HH WHERE ONLY SERVICE PROVIDED IS MEAL DELIVERY; OR EVENT IS OM ALTERATION WHERE OM30 = 95; THEN GO TO BOX CPS1.2) OTHERWISE, GO TO BOX NS1 FOR CURRENT ROUND EVENTS NOT LINKED TO CHARGES.
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Attachment ST1 moved to the General Programming Specifications as Attachment 6.

ST Addendum

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

BOX ST8:

- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX ST10:

- "V.A. FLAG" = VAPLACE
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1