Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			STATEMENT COST SERIES QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after PMQ.		
	BOX STBEG	routing	IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND), GO TO ST1 - MHMOSTMT. ELSE GO TO ST2 - MCSAVAIL.		
MHMOSTMT	ST1	code one	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 (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) 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 statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].	(01) ST2 - MCSAVAIL (02) ST2 - MCSAVAIL (03) BOX STEND (-8) ST2 - MCSAVAIL (-9) ST2 - MCSAVAIL	
MCSAVAIL	ST2	yes/no	[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 costs were paid by Medicare, any insurance company, or TRICARE.] [PROBE IF NECESSARY: Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]? (Please include any statements received about [your/(SP's)] prescription drug benefit.)]	(01) ST3 - STHIREP (02) BOX STEND (-8) BOX STEND (-9) BOX STEND	
STHIREP	ST3	no entry	BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP.	ST4 - MATCHST	
MATCHST	ST4	no entry	[MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).]	ST5 - ST_CHARGEBUNDLE	
ST_CHARGEBUNDLE	ST5	roster	ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS. ADD ONE CHARGE BUNDLE AT THIS ROSTER.	STTYPE (HAD BEEN BOX ST5A)	
STTYPE	ST5AA	code one	SELECT SOURCE OF THE STATEMENT(S) FOR THIS CHARGE BUNDLE	(01) ST5AA-MCARTYPE (02) BOX ST5A (03) ST5AA-MCARTYPE (04) BOX ST5A (05) ST5AA-MCARTYPE (06) BOX ST5A (07) ST5AA-MCARTYPE (08) BOX ST5A	
MCARTYPE	ST5AAA	code one	WHICH TYPE OF MEDICARE STATEMENT DO YOU HAVE TO ENTER? [SEE REFERENCE CARDS FOR MEDICARE STATEMENT EXAMPLES]	BOX ST5A	
	BOX ST5A	routing	IF ST5 – STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE. ELSE GO TO BOX ST5B.		
PDPTYPE	ST5A	code one	SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE.	BOX ST5B	
	BOX ST5B	routing	SET STATEMENT TYPE. GO TO BOX ST5.		
	BOX ST5	routing	IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM. ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST11B - PDPBEGMM.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MSNCLNUM	ST7	text	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 "DON'T KNOW". DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS.	ST7 - MSNCLNM2	
MSNCLNM2	ST7	text		ST7 - MSNCLNM3	
MSNCLNM3	ST7	text		ST7 - MSNCLNM4	
MSNCLNM4	ST7	text		ST7 - MSNCLNM5	
MSNCLNM5	ST7	text		BOX ST7	
	BOX ST7	routing	IF ST7 - MSNCLNUM = DK, GO TO BOX ST9. ELSE GO TO ST8 - MSCLVER1.		
MSCLVER1	ST8	text	PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN.	BOX ST8	
	BOX ST8	routing	IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9. ELSE GO TO ST9 - WHICHNUM.		
WHICHNUM	ST9	code one	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?	(01) BOX ST9 (02) BOX ST9 (03) ST9 - NEWCLNUM	
NEWCLNUM	ST9	text	ENTER CORRECT MSN CLAIM CONTROL NUMBER:	BOX ST9	
	BOX ST9	routing	IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST10 - INSCLNUM. ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.		
INSCLNUM	ST10	text	ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".	BOX ST10	
	BOX ST10	routing	IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST11 - TRICLNUM. ELSE GO TO ST12 - INCTYPE.		
TRICLNUM	ST11	text	ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".	ST12 - INCTYPE	
PDPBEGMM	ST11B	date	ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. BEGINNING DATE:	ST11B - PDPBEGDD	
PDPBEGDD	ST11B	date		ST11B - PDPBEGYY	
PDPBEGYY	ST11B	date		ST11B - PDPENDMM	
PDPENDMM	ST11B	date	ENDING DATE:	ST11B - PDPENDDD	
PDPENDDD	ST11B	date		ST11B - PDPENDYY	
PDPENDYY	ST11B	date		ST12 - INCTYPE	
INCTYPE	ST12	code all	WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)? CHECK ALL THAT APPLY.	BOX ST12	
	BOX ST12	routing	IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER_STDATE. ELSE GO TO BOX ST26.		
PROVIDER_STDATE	ST13	roster	WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	"IF EXISTING PROVIDER SELECTED, GO TO ST14 - STDATEUPD. ELSE IF ""ADD ANOTHER"" SELECTED, GO TO PROV"	
PROVNAME	ST13	verbatim	[PROVIDER LOOKUP CAN BE CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. NAME:	ST13-GROUPNAM	
GROUPNAM	ST13	verbatim	GROUP:	ST14 - STDATEUPD	
STDATEUPD	ST14	code one	THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER. DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?	(01) ST24 - EVENT_STDATE (02) EVENT DATE ST16 - EVENT_STDATEADD (03) ST15 - EVENT_STDATEDIT	
VISITYPE		select one	SELECT TYPE OF VISIT TO ADD:	ST16 - EVENT	
EVENT_STDATEDIT	ST15	roster	SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.	ST16-EVENT	

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EVENT	ST16	roster	[When did [you/(SP)] see (PROVIDER NAME)?/When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)?] Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE. ADD ALL EVENT DATES FOR THIS PROVIDER. [IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.]	BOX ST16A	
	BOX ST16A	routing	IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX ST16B. ELSE GO TO ST14 - STDATEUPD.		
	BOX ST16B	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO. ELSE GO TO BOX ST17.		
STDATEINTRO	ST17	no entry	Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added.	BOX ST17	
	BOX ST17	routing	IF AT LEAST ONE EVENT ADDED AT ST16 IS AN 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC. ELSE IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18A - PROVSPEC. ELSE GO TO BOX ST18.		
PROVSPEC	ST18	code one	What kind of medical person is (PROVIDER NAME)? [SELECT THE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY. IF THE RESPONDENT NAMES A MEDICAL SPECIALTY NOT LISTED BELOW, BUT LISTED ON SHOWCARD AC1, SUCH AS 'CARDIOLOGY,' SELECT 'MEDICAL DOCTOR.']	(01)-(34), (-8), (-9) BOX ST18 (91) ST18 - PROVSPOS	
PROVSPOS	ST18	text	OTHER MEDICAL PROVIDER (SPECIFY)	BOX ST18	
PROVSPEC	ST18A	code one	What kind of dental provider is [PROVNAME]?	(01) BOX ST18 (35) BOX ST18 (36) BOX ST18 (37) BOX ST18 (38) BOX ST18 (39) BOX ST18 (40) BOX ST18 (41) BOX ST18 (91) ST18A - PROVSPOS (-8) BOX ST18 (-9) BOX ST18	
PROVSPECOTH	ST18A	code one	What kind of dental provider is [PROVNAME]?	(01)-(34), (-8), (-9) BOX ST18 (91) ST18A - PROVSPOS	
PROVSPECOTH	ST18A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	BOX ST18	
	BOX ST18	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ST19 - VAPLACE. ELSE GO TO BOX ST19.		
VAPLACE	ST19	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility?	BOX ST19	
	BOX ST19	routing	IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ST20 - HMOASSOC. ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ST21 - HMOREFER. ELSE GO TO ST22A_IN - NAVIGATOR.		
HMOASSOC	ST20	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) ST22A_IN - NAVIGATOR (02) ST21 - HMOREFER (-8) ST21 - HMOREFER (-9) ST21 - HMOREFER	
HMOREFER	ST21	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?	ST22A_IN - NAVIGATOR	
NAVIGATOR	ST22A_IN	instance navigator		(01) BOX ST22A (02) ST14 - STDATEUPD	

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX ST22A	routing	FOR THIS EVENT ADDED AT ST16, IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS. ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS. ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B. ELSE IF TYPE OF EVENT = 'DU', GO TO DU7 - DVPROCDR. ELSE GO TO BOX ST23B.		
	BOX ST22B	routing	IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT) GO TO ST23 - MPSDVIS. ELSE GO TO BOX ST23A.		
MPSDVIS	ST23	yes/no	We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	BOX ST23A	
	BOX ST23A	routing	IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B. ELSE GO TO BOX MP2C.		
	BOX ST23B	routing	GO TO ST22A_IN - NAVIGATOR.		
EVENT_STDATE	ST24	roster	SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.	BOX ST24	
	BOX ST24	routing	IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.		
RVLINKS	ST24A	numeric	ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.	BOX ST24A	
	BOX ST24A	routing	IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH.		
STDATEMTCH	ST25	code one	ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW?	(01) BOX ST26 (02) ST13 - PROVIDER_STDATE (03) ST26 - EVENT_STDATEDEL	
EVENT_STDATEDEL	ST26	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	ST25 - STDATEMTCH	
	BOX ST26	routing	IF ST12 – INCTYPE INCLUDES 2/HHVisits, GO TO ST27 - PROVIDER_STHH. ELSE GO TO BOX ST33.		
PROVIDER_STHH	ST27	roster	WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE? SELECT OR ADD ONLY ONE PROVIDER.	ST28 - COSTBEGM	
COSTBEGM	ST28	numeric	ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE. START DATE:	ST28 - COSTBEGD	
COSTBEGD	ST28	numeric		ST28 - COSTBEGY	
COSTBEGY	ST28	numeric		ST28 - COSTENDM	
COSTENDM	ST28	numeric	STOP DATE:	ST28 - COSTENDD	
COSTENDD	ST28	numeric		ST28 - COSTENDY	
COSTENDY	ST28	numeric		BOX ST28A	
	BOX ST28A	routing	IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNTTYPE. ELSE GO TO BOX ST31B.		
HHEVNTTYPE	ST30	code one	IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?	ST31 - STHHINTRO	
STHHINTRO	ST31	no entry	Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.		
	BOX ST31A	routing	IF ST30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE.		
	BOX ST31B	routing	LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO ST32 - STHHMTCH.		
STHHMTCH	ST32	code one	THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE. PLEASE USE THE BOX BELOW TO EXPLAIN IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE	BOX ST33	
	BOX ST33	routing	IF ST12 – INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD. ELSE GO TO BOX ST40.		
STOMUPD	ST34	code one	THE FOLLOWING OME EVENTS HAVE BEEN ENTERED. DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?	(01) ST37 - EVENT_STOM (02) ST36 - STOMADD (03) ST35 - EVENT_STOMEDIT	
EVENT_STOMEDIT	ST35	roster	SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
STOMADD	ST36	code one	WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?	(01) OM2 - EVENT_OMEYEG (02) OM4 - EVENT_OMHEAR (03) OM6 - ORTHTYPE (04) OM10 - EVENT_OMDIAB (05) OM12 - EVENT_OMAMBL (06) OM14 - EVENT_OMPROS (07) OM29 - ALTRTYPE (08) OM19A - OXGNTYPE (09) OM21A - KDNYTYPE (10) OM24 - OTHRTYPE	
	BOX ST36	routing	GO TO ST34 - STOMUPD.		
	ST37	roster	SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).	BOX ST37	
	BOX ST37	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.		
MONTHCOV	ST38	numeric	HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?	ST38 - MONCOV96	
MONCOV96	ST38			BOX ST38A	
	BOX ST38A	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV. ELSE GO TO BOX ST38B.		
	BOX ST38B	routing	IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.		
NUMLINKS	ST38A	numeric	HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE?	BOX ST38AA	
	BOX ST38AA	routing	IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS. ELSE GO TO ST39 - STOMMTCH.		
STOMMTCH	ST39	code one	ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) BOX ST40 (02) ST34 - STOMUPD (03) ST40 - EVENT_STOMDEL	
EVENT_STOMDEL	ST40	roster	SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.		
	BOX ST40	routing	IF ST12 – INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT_STPM. ELSE GO TO BOX ST45.		
EVENT_STPM	ST41	roster	SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).	ST42 - NUMLINKS	
NUMLINKS	ST42	grid	HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?	BOX ST42	
	BOX ST42	routing	IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT ST41, GO TO ST43 - STPMINTRO. ELSE GO TO ST44 - STPMMTCH.		
STPMINTRO	ST43	no entry	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).]	PM6A_IN - NAVIGATOR	
	BOX ST43	routing	GO TO ST44 - STPMMTCH.		
STPMMTCH	ST44	code one	ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?	(01) BOX ST45 (02) ST41 - EVENT_STPM (03) ST45 - EVENT_STPMDEL	
EVENT_STPMDEL	ST45	roster	SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.	ST44 - STPMMTCH	
	BOX ST45	routing	IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE. ELSE GO TO BOX ST46.		
ORPMESSAGE	ST46	no entry	SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.	BOX ST80	
	BOX ST46	routing	IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 – STTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPartB), GO TO ST47 - ASGNTAKE. ELSE GO TO BOX ST47.		
ASGNTAKE	ST47	code one	WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?	BOX ST47	
	BOX ST47	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG. ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 4/MSNPartB, GO TO ST52 - TOTALCHG. ELSE IF ST5 - MCARTYPE = 6/MSNPartAInpatient, GO TO ST56 - DAYSUSED. ELSE GO TO ST60 - TOTALCHG.		
TOTALCHG	ST47A	dollar	ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT.	ST64 - STTCHGPAID2	

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TOTALCHG	ST48	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW".	ST48 - MCAPPAMT	
MCAPPAMT	ST48	numeric		ST48 - MCPAYAMT	
MCPAYAMT	ST48	numeric		BOX ST48	
	BOX ST48	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51. ELSE IF (AMOUNT REMAINING < $1.00) OR ((ST48 - MCAPPAMT ^= DK OR RF) AND (AMOUNT REMAINING < .02 * ST48 - MCAPPAMT)), GO TO BOX ST80. ELSE GO TO ST49 - STTCHGPAID1.		
STTCHGPAID1	ST49	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN 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?	(01) BOX ST64A (02) BOX ST64A (03) ST50 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A	
CHANGAMT	ST50	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT: TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT) TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT) AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING) DO YOU WANT TO MAKE ANY CHANGES?	(01) ST51 - TOTALCHG (02) BOX ST51	
TOTALCHG	ST51	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	ST51 - MCAPPAMT	
MCAPPAMT	ST51	numeric		ST51 - MCPAYAMT	
MCPAYAMT	ST51	numeric		BOX ST51	
	BOX ST51	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < $1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 * ST51 - MCAPPAMT))), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
TOTALCHG	ST52	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN:	ST52 - MCAPPAMT	
MCAPPAMT	ST52	numeric		ST52 - MCPAYAMT	
MCPAYAMT	ST52	numeric		ST52 - MAYBBILL	
MAYBBILL	ST52	numeric		BOX ST52	
STTCHGPAID1	ST53	code one	REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN 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?	(01) BOX ST64A (02) BOX ST64A (03) ST54 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A	
CHANGAMT	ST54	yes/no	THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) : AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT) MEDICARE PAID: (MEDICARE PAYMENT) YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) ST55 - TOTALCHG (02) BOX ST55	
TOTALCHG	ST55	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).	ST55 - MCAPPAMT	
MCAPPAMT	ST55	numeric		ST55 - MCPAYAMT	
MCPAYAMT	ST55	numeric		ST55 - MAYBBILL	
MAYBBILL	ST55	numeric		BOX ST55	
	BOX ST55	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
DAYSUSED	ST56	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN. DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.	ST56 - NONCOVRD	
NONCOVRD	ST56	numeric		ST56 - MCPAYAMT	
MCPAYAMT	ST56	numeric		ST56 - MAYBBILL	
MAYBBILL	ST56	numeric		BOX ST56	
	BOX ST56	routing	IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59. ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80. ELSE GO TO ST57 - STTCHGPAID1.		
STTCHGPAID1	ST57	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining $(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?	(01) BOX ST64A (02) BOX ST64A (03) ST58 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A	

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CHANGAMT	ST58	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: BENEFITS DAYS USED: (DAYS USED) NON-COVERED CHARGES: (NON COVERED CHARGES) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) ST59 - DAYSUSED (02) BOX ST59	
DAYSUSED	ST59	numeric	MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).		
NONCOVRD	ST59	numeric		ST59 - MCPAYAMT	
MCPAYAMT	ST59	numeric		ST59 - MAYBBILL	
MAYBBILL	ST59	numeric		BOX ST59	
	BOX ST59	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.	ST60 - NONCOVRD	
TOTALCHG	ST60	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	ST60 -MCAPPAMT	
MCAPPAMT	ST60	numeric		ST60 - MCPAYAMT	
MCPAYAMT	ST60	numeric		ST60 - MAYBBILL	
MAYBBILL	ST60	numeric		BOX ST60	
	BOX ST60		IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63. ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80. ELSE GO TO ST61 - STTCHGPAID1.		
STTCHGPAID1	ST61	code one	REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN ASK: So, I have an amount remaining (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?	(01) BOX ST64A (02) BOX ST64A (03) ST62 - CHANGAMT (-8) BOX ST64A (-9) BOX ST64A	
CHANGAMT	ST62	yes/no	THESE AMOUNTS WERE ENTERED FROM THE MSN: AMOUNT CHARGED: (TOTAL CHARGE AMOUNT) MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT) AMOUNT MEDICARE PAID: (MEDICARE PAYMENT) MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES?	(01) ST63 - TOTALCHG (02) BOX ST63	
TOTALCHG	ST63	numeric	ENTER THE FOLLOWING AMOUNTS FROM THE MSN.	ST63- MCAPPAMT	
MCAPPAMT	ST63	numeric		ST63 - MCPAYAMT	
MCPAYAMT	ST63	numeric		ST63 - MAYBBILL	
MAYBBILL	ST63	numeric		BOX ST63	
	BOX ST63	routing	IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80. ELSE GO TO ST64 - STTCHGPAID2.		
STTCHGPAID2	ST64	code one	REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:) [The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this?	BOX ST64A	
	BOX ST64A	routing	IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B. ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B. ELSE GO TO BOX ST80.		
	BOX ST64B	routing	CREATE SOURCE OF PAYMENT ROSTER IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 – STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT.		
STADDSOP1	ST65	yes/no	ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW? SELECT "NO" TO ADD A SOURCE OF PAYMENT.	(01) ST67 - TSOPAMT (02) ST66 - SOP_ST1	
SOP_ST1	ST66	roster	ADD ALL ADDITIONAL SOURCES OF PAYMENT.		
TSOPAMT	ST67	grid	(REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT). Who (else) paid besides Medicare? How much did (SOURCE) pay? ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.	BOX ST67HE	
	BOX ST67HE	routing	IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT VALUES FOR THIS COST > 0.00, GO TO BOX ST67A. ELSE GO TO ST67HE - PAYMHE.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PAYMHE	ST67HE	no entry	THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN $0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'. USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS.	ST67HE-PAYMHE	
	BOXST67A	routing	IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B. ELSE GO TO BOX ST69F.		
	BOX ST67B	routing	IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO. ELSE-GO TO BOX ST69E.		
PLANINTRO	ST67BINT	no entry	Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added.	ST67B_IN - NAVIGATOR	
NAVIGATOR	ST67B_IN	instance navigator		(01) BOX ST67C (02)BOX ST69E	
	BOX ST67C	routing	CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66 IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST69 - STSOPCURR1. ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69A - STMPDPCHNG. ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69B - STSOPCURR2. ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME. ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME. ELSE GO TO HIT2 - COVTIME.		
STMHMOCHNG1	ST68	yes/no	I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?	(01) ST69 - STSOPCURR1 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A	
STSOPCURR1	ST69	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) HIMC6A - MHMORXTM (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A	
STMPDPCHNG	ST69A	yes/no	I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan. Has this information changed?	(01) ST69B - STSOPCURR2 (02) BOX ST69A (-8) BOX ST69A (-9) BOX ST69A	
STSOPCURR2	ST69B	yes/no	[Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	BOX ST69A	
	BOX ST69A	routing	GO TO ST67B_IN - NAVIGATOR.		
	BOX ST69E	routing	IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT" GO TO BOX ST69F.		

	BOX ST69F	routing	IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^= DK and TOTAL CHARGE ^= RF) and (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > $1.00)), GO TO ST73 - AMTSCORR.
			IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^= DK AND ^= RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR.
			ELSE IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > $1.00), GO TO ST70 - AMTSCORR.
			ELSE GO TO BOX ST77C.		

AMTSCORR	ST70	code one	There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount (unpaid/overpaid) is $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C	
AMTSCORR	ST71	code one	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. IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) BOX ST77C (02) DO NOT DISPLAY. (03) ST72 - ENTERCOM (-8) BOX ST77C (-9) BOX ST77C	

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ENTERCOM	ST72	no entry	[THE TOTAL OF NON-MEDICARE PAYMENTS IS $(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).] USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.	BOX ST77C	
AMTSCORR	ST73	yes/no	There seems to be some amount still unpaid. The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount unpaid is $(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.	(01) ST74 - INFOEXPLAIN (02) DO NOT DISPLAY. (03) DO NOT DISPLAY. (-8) BOX ST77C (-9) BOX ST77C	
INFOEXPLAIN	ST74	yes/no	IS THERE ADDITIONAL INFORMATION ON THE DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID?	(01) ST75 - ENTERCOM2 (02) BOX ST77C	
ENTERCOM2	ST75	no entry	USE THE BOX BELOW TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID.		
	BOX ST77C	routing	CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67 GO TO BOX ST77D.		
	BOX ST77D	routing	IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN $5.00, GO TO ST78 - EXPPAYBK. ELSE GO TO BOX ST80.		
EXPPAYBK	ST78	yes/no	I have recorded that [you have/(SP) has] paid $(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount?	BOX ST78A	
	BOX ST78A	routing	IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71)), GO TO ST80 - EXPAYUNT. ELSE GO TO BOX ST80.		
	BOX ST78B	routing	IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE AND ROUND IS NOT 71)), GO TO ST79 - EXPAYOUT. ELSE GO TO BOX ST80.		
EXPAYOUT	ST79	yes/no	Do you expect anyone to pay any of this amount?	(01) ST80 - EXPAYUNT (02) BOX ST80 (-8) BOX ST80 (-9) BOX ST80	
EXPAYUNT	ST80	quantity unit	How much do you expect will be paid?	(01) ST80 - EXPAYPCT (02) ST80 - EXPAYAMT (-8) BOX ST80 (-9) BOX ST80	
EXPAYPCT	ST80	numeric		BOX ST80	
EXPAYAMT	ST80	numeric		BOX ST80	
	BOX ST80	routing	IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG. ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST82 - ASTATEMENT. ELSE GO TO ST81 - ABUNDLE.		
ABUNDLE	ST81	yes/no	IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)?	(01) ST4 - MATCHST (02) ST82 - ASTATEMENT	
ASTATEMENT	ST82	yes/no	IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER?	(01) ST4 - MATCHST (02) BOX STEND	
	BOX STEND	routing	GO TO PSQ.		