

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			EXPENDITURES SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= CFR, CFC, FFC, FCF SEASON= ALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
	BOX EXS1		IF COST DATA FROM THE PREVIOUS ROUND REMAINS TO BE COLLECTED, GO TO BOX EXS1A. ELSE GO TO BOX EXBEG.		
	BOX EXS1A		IF FIRST/NEXT PRELOAD BPER HAS PreloadBPRO.ANCLPOST = 0/No, DK or PreloadBPRO.ANYANCIL = DK, GO TO EX15PRES1 - EX15PRCT. ELSE GO TO EX20S1PRE - BASSMINT.		
EX15PRCT	EX15PRES1	code one	The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone). PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX EXS2
	BOX EXS2		If PreloadBPRO.ANCLPOST = 0/No, DK, GO TO EX16S1 - ANCLPOST. ELSE GO TO EX17S1 - ANYANCIL.		
ANCLPOST	EX16S1	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX7BS1 (01) EX17S1 - ANYANCIL (-8) BOX EX7BS1 (-9) BOX EX7BS1
ANYANCIL	EX17S1	yes/no	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX7BS1 (01) EX18S1 - ANCILAMT (-8) BOX EX7BS1 (-9) BOX EX7BS1
ANCILAMT	EX18S1	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX7BS1 (-8) BOX EX7BS1 (-9) BOX EX7BS1
BASSMINT	EX20S1PRE	code one	The next questions are about (SP)'s expenditures for room and board while a resident of (FACILITY).	(01) Continue	(01) BOX EX7BS1
	BOX EX7BS1		IF PreloadBPRO.RECDBASP = 0/No, GO TO EX20S1 - RECDBASP. ELSE IF PreloadBPRO.RECDANCP = 0/No or EX17S1 - ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP. ELSE GO TO EX33BS1 - EXSBKCT.		
RECDBASP	EX20S1	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) BOX EX14S1 (01) EX21AAS1 - ADDSOP1
ADDSOP1	EX21AAS1	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX21ACS1 - BASRATE (01) EX21ABS1 - PAYMPLN1
PAYMPLN1	EX21ABS1	code one	What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX21ACS1 - BASRATE (02) EX21ACS1 - BASRATE (03) EX21ACS1 - BASRATE (04) EX21ACS1 - BASRATE (05) EX21ACS1 - BASRATE (06) EX21ACS1 - BASRATE (07) EX21ACS1 - BASRATE (08) EX21ACS1 - BASRATE (09) EX21ABS1 - HMOOS1 (10) EX21ACS1 - BASRATE (91) EX21ABS1 - SOPOS1 (-8) EX21ACS1 - BASRATE (-9) EX21ACS1 - BASRATE
HMOOS1	EX21ABS1	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX21ACS1 - BASRATE
SOPOS1	EX21ABS1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX21ACS1 - BASRATE

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BASRATE	EX21ACS1	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX7CS1 (-8) BOX EX7CS1 (-9) BOX EX7CS1
	BOX EX7CS1		IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BS1 - VEXPTXTB. ELSE GO TO BOX EX8S1.		
VEXPTXTB	EX21BS1	verbatim	Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period. RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.	(01) [Continuous answer.]	(01) BOX EX8S1
	BOX EX8S1		IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22S1 - BAS10PCT WAS ASKED THIS BP ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9S1. ELSE GO TO EX22S1 - BAS10PCT.		
BAS10PCT	EX22S1	code one	There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX9S1 (02) BOX EX9S1 (91) EX22S1 - BAS10POS (-8) BOX EX9S1 (-9) BOX EX9S1
BAS10POS	EX22S1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX9S1
	BOX EX9S1		IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1S1 - EX23A1S1C. ELSE GO TO BOX EX9AAS1.		
EX23A1S1C	EX23A1S1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9AAS1
	BOX EX9AAS1		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2S1 - EX23A2S1C. ELSE GO TO BOX EX9AS1.		
EX23A2S1C	EX23A2S1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9AS1
	BOX EX9AS1		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23AS1 - ECAIDNUM. ELSE GO TO BOX EX11S1.		
ECAIDNUM	EX23AS1	verbatim	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX23BS1 - ECAIDVR1 (-8) BOX EX10S1 (-9) BOX EX10S1
ECAIDVR1	EX23BS1	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX10S1 (01) BOX EX10S1 (-8) BOX EX10S1 (-9) BOX EX10S1
	BOX EX10S1		IF EX23AS1 - ECAIDNUM = DK, RF OR EX23BS1 - ECAIDVR1 = DK, RF, GO TO EX24AS1 - EX24AS1C. ELSE GO TO BOX EX11S1.		

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EX24AS1C	EX24AS1	code one	Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX11S1
	BOX EX11S1		IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25S1 - EX25S1C. ELSE GO TO BOX EX12S1.		
EX25S1C	EX25S1	code one	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX12S1
	BOX EX12S1		IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26S1 - CAREPRTB. ELSE GO TO BOX EX14S1.		
CAREPRTB	EX26S1	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX27S1 - VBPETXTE (01) BOX EX14S1 (-8) EX27S1 - VBPETXTE (-9) BOX EX14S1
VBPETXTE	EX27S1	verbatim	Can you tell me why the Medicare payment is so small? RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) [Continuous answer.]	(01) BOX EX14S1
	BOX EX14S1		IF PreloadBPRO.RECDANCP = 0/No or EX17S1 – ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP. ELSE GO TO EX33BS1 - EXSBKCT.		
RECDANCP	EX28S1	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) EX33BS1 - EXSBKCT (01) EX29AAS1 - ADDSOP2
ADDSOP2	EX29AAS1	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX29ACS1 - ANCRATE (01) EX29ABS1 - PAYMPLN2
PAYMPLN2	EX29ABS1	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX29ACS1 - ANCRATE (02) EX29ACS1 - ANCRATE (03) EX29ACS1 - ANCRATE (04) EX29ACS1 - ANCRATE (05) EX29ACS1 - ANCRATE (06) EX29ACS1 - ANCRATE (07) EX29ACS1 - ANCRATE (08) EX29ACS1 - ANCRATE (09) EX29ABS1 - HMOOS2 (10) EX29ACS1 - ANCRATE (91) EX29ABS1 - SOPOS2 (-8) EX29ACS1 - ANCRATE (-9) EX29ACS1 - ANCRATE
HMOOS2	EX29ABS1	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX29ACS1 - ANCRATE
SOPOS2	EX29ABS1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX29ACS1 - ANCRATE
ANCRATE	EX29ACS1	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX15S1 (-8) BOX EX15S1 (-9) BOX EX15S1
	BOX EX15S1		IF BPER.ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= BPER.ANCILAMT*0.9) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30S1 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)), GO TO BOX EX16S1. ELSE GO TO EX30S1 - ANC10PCT.		

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ANC10PCT	EX30S1	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX16S1 (02) BOX EX16S1 (91) EX30S1 - ANC10POS (-8) BOX EX16S1 (-9) BOX EX16S1
ANC10POS	EX30S1	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX16S1
	BOX EX16S1		(IF MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1S1 - EX31A1S1C. ELSE GO TO BOX EX16AAS1.		
EX31A1S1C	EX31A1S1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16AAS1
EX31A2S1C	BOX EX16AAS1		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2S1 - EX31A2S1C. ELSE GO TO BOX EX16AS1.		
EX31A2S1C	EX31A2S1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16AS1
	BOX EX16AS1		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31AS1 - ECAIDNM3. ELSE GO TO BOX EX18S1.		
ECAIDNM3	EX31AS1	text	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX31BS1 - ECAIDVR2 (-8) BOX EX17S1 (-9) BOX EX17S1
ECAIDVR2	EX31BS1	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX31AS1 - ECAIDNM3 (01) BOX EX17S1 (-8) BOX EX17S1 (-9) BOX EX17S1
	BOX EX17S1		IF EX31AS1 - ECAIDNM3 = DK, RF OR EX31BS1-ECAIDVR2 = DK, RF, GO TO EX32AS1 - EX32AS1C. ELSE GO TO BOX EX18S1.		
EX32AS1C	EX32AS1	code one	Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX18S1
	BOX EX18S1		IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD, GO TO EX33S1 - EX33S1C. ELSE GO TO EX33BS1 - EXSBKCT.		
EX33S1C	EX33S1	code one	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS..	(01) Continue	(01) EX33BS1 - EXSBKCT
EXSBKCT	EX33BS1	code one	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX EX20S1

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	BOX EX20S1		IF THERE IS ADDITIONAL PREVIOUS ROUND DATA THAT HAS NOT BEEN ANOTHER BPER IN PreloadBPER COLLECTED, GO TO BOX EXS1A. ELSE IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXSEND. ELSE GO TO BOX EX21S1.		
	BOX EX21S1		IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34S1 - USENOLTC. ELSE GO TO BOX EX21AS1.		
	EX34S1		Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX35S1 - VEXPTXTG (01) BOX EX21AS1 (-8) BOX EX21AS1 (-9) BOX EX21AS1
VEXPTXTG	EX35S1	verbatim	Can you explain this to me? RECORD VERBATIM BELOW.	(01) [Continuous answer.]	(01) BOX EX21AS1
	BOX EX21AS1		IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AS1 - ECAIDECO. ELSE TO TO BOX EXSEND.		
	EX35AS1	code one	The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	(01) STILL PENDING (02) DENIED (-8) Don't Know (-9) Refused	(01) BOX EXSEND (02) BOX EXSEND (-8) BOX EXSEND (-9) BOX EXSEND
	BOX EXSEND		IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXBEG. ELSE GO TO BOX EXEND.		
	BOX EXBEG		GO TO EX1PRE - EX1PRECT.		
EX1PRECT	EX1PRE	code one	This series of questions asks about (SP)'s expenditures for room and board and ancillary charges while a resident of (FACILITY). [The first few questions are about billing and sources of payment when (he/she) first became a resident here on (FAD/RAD).] PRESS "1" TO CONTINUE.	(01) Continue	(01) EX2 - ANYBASIC
ANYBASIC	EX2	yes/no	The following questions are about (SP)'s basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE). Was there a charge for (her/his) room and board and basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE)? Please include any charges to (SP), (her/his) family, or a third party, such as Medicaid, Medicare, or a legal guardian.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX3 - VEXPTXTA (01) BOX EX1A (-8) EX2A - EX2ANAME (-9) EXEND - EXENDCNT
EX2ANAME	EX2A	roster	Please tell me the name of someone in (FACILITY) who could give me that information. SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.	(01) [Continuous answer.]	(01) EXEND - EXENDCNT
VEXPTXTA	EX3	verbatim	Why were there no charges? IF ANSWER IS "MEDICAID PAID", BACK UP TO EX2 AND ENTER "1". RECORD VERBATIM.	(01) [Continuous answer.]	(01) EXEND - EXENDCNT
	BOX EX1A		If FQ.ANCNVSEP = 1/Indicated, GO TO EX5 - COMRECMM. ELSE GO TO EX4 - ANCILSEP.		
ANCILSEP	EX4	yes/no	Between (EX REFERENCE START DATE) and (EX REFERENCE END DATE), was (SP) billed separately for health-related ancillary services? (That is, were there charges for ancillary services that were not included in the basic rate?) IF FACILITY NEVER BILLS SEPARATELY FOR ANCILLARIES, ENTER 96. PRESS F1 FOR DEFINITION OF ANCILLARY SERVICES.	(00) NO (01) YES (96) NEVER BILLS SEPARATELY	(00) EX5 - COMRECMM (01) EX5 - COMRECMM (96) EX5 - COMRECMM
COMRECMM	EX5	date	Through what date do you have complete billing records for the services provided to (SP)? MONTH	(01) [Continuous answer.]	(01) EX5 - COMRECDD
COMRECDD	EX5	date	DAY	(01) [Continuous answer.]	(01) EX5 - COMRECY
COMRECY	EX5	date	YEAR	(01) [Continuous answer.]	(01) BOX EX2AA
	BOX EX2AA	roster	IF BILLING PERIOD LENGTH IS UNKNOWN, GO TO EX6 - BPLENCUR. ELSE GO TO BOX EX2AA1.		
BPLENCUR	EX6	code one	What is the length of the (facility/home)'s billing period? Is it...	(01) monthly, (02) every two weeks, (03) every week, or (04) quarterly? (91) OTHER	(01) BOX EX2AA1 (02) BOX EX2AA1 (03) BOX EX2AA1 (04) BOX EX2AA1 (91) EX6 - BPLNCROS
BPLNCROS	EX6	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX2AA1
	BOX EX2AA1		GO TO BOX EX2A.		

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	BOX EX2A		IF EX REFERENCE START DATE IS LATER THAN THE DATE FOR WHICH THE FACILITY HAS COMPLETE BILLING RECORDS FOR THE SERVICES PROVIDED TO RESIDENTS, GO TO EXEND - EXENDCNT. ELSE GO TO EX7PRE - EX7PCNT.		
EX7PCNT	EX7PRE	code one	FACILITY HAS UP-TO-DATE RECORDS THROUGH (COMPLETED RECORDS DATE) LENGTH OF BILLING PERIOD: (LENGTH OF BILLING PERIOD.) START WITH EARLIEST BILLING PERIOD. COLLECT BILLING INFORMATION FROM (EX REFERENCE START DATE) THROUGH (EX REFERENCE END DATE). PRESS "1" TO CONTINUE.	(01) Continue	(01) FEX2 - BILLINFO
BILLINFO	FEX2	code one	Do you prefer to report billing information for all billing periods before reporting any payment information or do you prefer to report billing and then payment information for a billing period, then billing and payment information for each remaining billing period?	(01) ALL BILLING AND THEN ALL PAYMENT INFORMATION (02) BILLING AND PAYMENT INFORMATION BY BILLING PERIOD (-8) Don't Know (-9) Refused	(01) BOX EX3AB2 (02) BOX EX3A (-8) BOX EX3A (-9) EXEND - EXENDCNT
	BOX EX3A		GO TO EX8 - BPBEGDATE.		
BPBEGDATE	EX8	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. ENTER DATES IN "MM DD YY" FORMAT. BP START DATE[: (BILLSTARTDATE)]	(01) [Continuous answer.]	(01) EX8 - BPENDDATE
BPENDDATE	EX8	Date	BP END DATE[: (BILLENDDATE)]	(01) [Continuous answer.]	(01) EX8 - BPENDDATE
	BOX EX3A2		GO TO EX9 - BILLDAYS.		
BILLDAYS	EX9	Numeric	Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care? PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.	(01) [Continuous answer.]	(01) BOX EX3
	BOX EX3		IF EX9 - BILLDAYS = 0, GO TO EX33B - EXABKCT. ELSE IF (RHDAYS = DK) OR (EX9 - BILLDAYS = RHDAYS AND (BPDAYS = EX9 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11 - BRATRATE. ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9 - BILLDAYS, GO TO EX10 - EX10CODE. ELSE IF (BPDAYS > EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9 - BILLDAYS) OR (BPDAYS = EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS), GO TO EX10A - EX10ACOD. ELSE GO TO EX10 - EX10CODE.		
EX10CODE	EX10	Code one	Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX3B (02) BOX EX3B (03) BOX EX3B (04) BOX EX3B (05) BOX EX3B (91) EX10 - EX10OS (-8) BOX EX3B (-9) BOX EX3B
EX10OS	EX10	Code one	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX3B
EX10ACOD	EX10A	code all	Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days. Can you tell me why I have this discrepancy? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT-RATE BILLING (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX3B (02) BOX EX3B (03) BOX EX3B (04) BOX EX3B (05) BOX EX3B (91) EX10A - EX10AOS (-8) BOX EX3B (-9) BOX EX3B
EX10AOS	EX10A	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX3B
	BOX EX3B		GO TO EX11 - BRATRATE		
BRATRATE	EX11	Quantity Unit	Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.) [PROBE: If more than one rate was billed, let's start with the first rate within the billing period.] What is the amount?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX11 - BRATUNIT (-8) EX11 - BRATUNIT (-9) EX11 - BRATUNIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BRATUNIT	EX11	Quantity Unit	Is that per day, per month, per quarter, or some other amount of time?	(01) DAY (02) MONTH (03) QUARTER (91) OTHER (-8) Don't Know (-9) Refused	(01) EX11 - BRATDAYS (02) EX11 - BRATDAYS (03) EX11 - BRATDAYS (91) EX11 - BRATUNOS (-8) EX11 - BRATDAYS (-9) EX11 - BRATDAYS
BRATUNOS	EX11	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX11 - BRATDAYS
BRATDAYS	EX11	Numeric	How many days were billed at that rate?	(01) [Continuous answer.]	(01) BOX EX4
	BOX EX4		IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5. ELSE GO TO BOX EX3B.		
	BOX EX5		IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PRE - EX15PRCT. ELSE GO TO BOX EX7B.		
EX15PRCT	EX15PRE	code one	The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone). PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.	(01) Continue	(01) EX16 - ANCLPOST
ANCLPOST	EX16	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX7B (01) EX17 - ANYANCIL (-8) BOX EX7B (-9) BOX EX7B
ANYANCIL	EX17	yes/no	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX7B (01) EX18 - ANCILAMT (-8) BOX EX7B (-9) BOX EX7B
ANCILAMT	EX18	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX7B (-8) BOX EX7B (-9) BOX EX7B
	BOX EX7B		GO TO EX20 - RECDBASP		
RECDBASP	EX20	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) BOX EX14 (01) EX21AA - ADDSOP1
ADDSOP1	EX21AA	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX21AC - BASRATE (01) EX21AB - PAYMPLN1
PAYMPLN1	EX21AB	code all	What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX21AC - BASRATE (02) EX21AC - BASRATE (03) EX21AC - BASRATE (04) EX21AC - BASRATE (05) EX21AC - BASRATE (06) EX21AC - BASRATE (07) EX21AC - BASRATE (08) EX21AC - BASRATE (09) EX21AB - HMOOS1 (10) EX21AC - BASRATE (91) EX21AB - SOPOS1 (-8) EX21AC - BASRATE (-9) EX21AC - BASRATE
HMOOS1	EX21AB	verbatim	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX21AC - BASRATE
SOPOS1	EX21AB	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX21AC - BASRATE
BASRATE	EX21AC	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX7C (-8) BOX EX7C (-9) BOX EX7C
	BOX EX7C		IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21B - VEXPTXTB. ELSE GO TO BOX EX8.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VEXPTXTB	EX21B	Verbatim Text	Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period. RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.	(01) [Continuous answer.]	(01) BOX EX8
	BOX EX8		IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9. ELSE GO TO EX22 - BAS10PCT.		
BAS10PCT	EX22	code one	There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX9 (02) BOX EX9 (91) EX22 - BAS10POS (-8) BOX EX9 (-9) BOX EX9
BAS10POS	EX22	verbatim	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX9
	BOX EX9		IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1 - EX23A1C. ELSE GO TO BOX EX9AA.		
EX23A1C	EX23A1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9AA
	BOX EX9AA		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2 - EX23A2C. ELSE GO TO BOX EX9A.		
EX23A2C	EX23A2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9A
	BOX EX9A		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23A - ECAIDNUM. ELSE GO TO BOX EX11.		
ECAIDNUM	EX23A	text	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX23B - ECAIDVR1 (-8) BOX EX10 (-9) BOX EX10
ECAIDVR1	EX23B	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX10 (01) BOX EX10 (-8) BOX EX10 (-9) BOX EX10
	BOX EX10		IF EX23A - ECAIDNUM = DK, RF OR EX23B - ECAIDVR1 = DK, RF, GO TO EX24A - EX24AC. ELSE GO TO BOX EX11.		
EX24AC	EX24A	code one	Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX11

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX EX11		IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25 - EX25C. ELSE GO TO BOX EX12.		
EX25C	EX25	code	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX12
	BOX EX12		IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26 - CAREPRTB. ELSE GO TO BOX EX14.		
CAREPRTB	EX26	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX27 - VBPETXTE (01) BOX EX14 (-8) EX27 - VBPETXTE (-9) BOX EX14
VBPETXTE	EX27	Verbatim Text	Can you tell me why the Medicare payment is so small? RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) [Continuous answer.]	(01) BOX EX14
	BOX EX14		IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28 - RECDANCP. ELSE GO TO EX33B - EXABKCT.		
RECDANCP	EX28	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) EX33B - EXABKCT (01) EX29AA - ADDSOP2
ADDSOP2	EX29AA	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX29AC - ANCRATE (01) EX29AB - PAYMPLN2
PAYMPLN2	EX29AB	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX29AC - ANCRATE (02) EX29AC - ANCRATE (03) EX29AC - ANCRATE (04) EX29AC - ANCRATE (05) EX29AC - ANCRATE (06) EX29AC - ANCRATE (07) EX29AC - ANCRATE (08) EX29AC - ANCRATE (09) EX29AB - HMOOS2 (10) EX29AC - ANCRATE (91) EX29AB - SOPOS2 (-8) EX29AC - ANCRATE (-9) EX29AC - ANCRATE
HMOOS2	EX29AB	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX29AC - ANCRATE
SOPOS2	EX29AB	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX29AC - ANCRATE
ANCRATE	EX29AC	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX15 (-8) BOX EX15 (-9) BOX EX15
	BOX EX15		IF EX18 - ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)), GO TO BOX EX16. ELSE GO TO EX30 - ANC10PCT.		
ANC10PCT	EX30	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX16 (02) BOX EX16 (91) EX30 - ANC10POS (-8) BOX EX16 (-9) BOX EX16

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ANC10POS	EX30	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX16
	BOX EX16		IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1 - EX31A1C. ELSE GO TO BOX EX16AA.		
EX31A1C	EX31A1	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16AA
	BOX EX16AA		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2 - EX31A2C. ELSE GO TO BOX EX16A.		
EX31A2C	EX31A2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16A
	BOX EX16A		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31A - ECAIDNM3. ELSE GO TO BOX EX18.		
ECAIDNM3	EX31A	text	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX31B - ECAIDVR2 (-8) BOX EX17 (-9) BOX EX17
ECAIDVR2	EX31B	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX17 (01) BOX EX17 (-8) BOX EX17 (-9) BOX EX17
	BOX EX17		IF EX31A - ECAIDNM3 = DK, RF OR EX31B - ECAIDVR2 = DK, RF, GO TO EX32A - EX32AC. ELSE GO TO BOX EX18.		
EX32AC	EX32A	code one	Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX18
	BOX EX18		IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33 - EX33C. ELSE GO TO EX33B - EXABKCT.		
EX33C	EX33	code one	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) EX33B - EXABKCT
EXABKCT	EX33B	code one	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS. PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX EX20
	BOX EX20		IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3A. ELSE GO TO BOX EX21.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX EX21		IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34 - USENOLTC. ELSE GO TO BOX EX21A.		
USENOLTC	EX34	yes/no	Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX35 - VEXPTXTG (01) BOX EX21A (-8) BOX EX21A (-9) BOX EX21A
VEXPTXTG	EX35	verbatim text	Can you explain this to me? RECORD VERBATIM BELOW.	(01) [Continuous answer.]	(01) BOX EX21A
	BOX EX21A		IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35A - ECAIDECO. ELSE GO TO EXEND - EXENDCNT.		
ECAIDECO	EX35A	code one	The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	(01) STILL PENDING (02) DENIED (-8) Don't Know (-9) Refused	(01) EXEND - EXENDCNT (02) EXEND - EXENDCNT (-8) EXEND - EXENDCNT (-9) EXEND - EXENDCNT
	BOX EX3AB2		GO TO EX8B2 - BPBEGDATE.		
BPBEGDATE	EX8B2	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. BP START DATE[: (BILLSTARTDATE)]	(01) [Continuous answer.]	(01) EX8B2 - BPENDDATE
BPENDDATE	EX8B2	Date	ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD. BP END DATE[: (BILLENDDATE)]	(01) [Continuous answer.]	(01) BOX EX3A2B2
	BOX EX3A2B2		GO TO EX9B2 - BILLDAYS.		
BILLDAYS	EX9B2	Numeric	Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care? PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.	(01) [Continuous answer.]	(01) BOX EX3B2
	BOX EX3B2		IF EX9B2 - BILLDAYS = 0, THEN GO TO BOX EX6B2. ELSE IF (RHDAYS = DK) OR (EX9B2 - BILLDAYS = RHDAYS AND (BPDAYS = EX9B2 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11B2 - BRATRATE. ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9B2 - BILLDAYS, GO TO EX10B2 - EX10CODE. ELSE IF (BPDAYS > EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9B2 - BILLDAYS) OR (BPDAYS = EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS), GO TO EX10AB2 - EX10ACOD. ELSE GO TO EX10B2 - EX10CODE.		
EX10CODE	EX10B2	code all	Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) SP DISCHARGED TO COMMUNITY (02) SP SENT TO HOSPITAL (03) SP DECEASED (04) SP ADMITTED AFTER BP START DATE (05) SP DISCHARGED TO ANOTHER NH (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX3BB2 (02) BOX EX3BB2 (03) BOX EX3BB2 (04) BOX EX3BB2 (05) BOX EX3BB2 (91) EX10B2 - EX10OS (-8) BOX EX3BB2 (-9) BOX EX3BB2
EX10OS	EX10B2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX3BB2
EX10ACOD	EX10AB2	code all	Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days. Can you tell me why I have this discrepancy? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) SP SENT TO HOSPITAL, BED HELD (02) SP NOT BILLED ON ADMISSION DAY (03) SP NOT BILLED ON DISCHARGE DAY (04) SP NOT BILLED ON DATE OF DEATH (05) FACILITY CHARGES FLAT-RATE BILLING (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX3BB2 (02) BOX EX3BB2 (03) BOX EX3BB2 (04) BOX EX3BB2 (05) BOX EX3BB2 (91) EX10AB2 - EX10AOS (-8) BOX EX3BB2 (-9) BOX EX3BB2
EX10AOS	EX10AB2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX3BB2
	BOX EX3BB2		GO TO EX11B2 - BRATRATE.		
BRATRATE	EX11B2	Quantity Unit	Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.) [PROBE: If more than one rate was billed, let's start with the first rate within the billing period.] What is the amount?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX11B2 - BRATUNIT (-8) EX11B2 - BRATUNIT (-9) EX11B2 - BRATUNIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BRATUNIT	EX11B2	Quantity Unit	Is that per day, per month, per quarter, or some other amount of time?	(01) DAY (02) MONTH (03) QUARTER (91) OTHER (-8) Don't Know (-9) Refused	(01) EX11B2 - BRATDAYS (02) EX11B2 - BRATDAYS (03) EX11B2 - BRATDAYS (91) EX11B2 - BRATUNOS (-8) EX11B2 - BRATDAYS (-9) EX11B2 - BRATDAYS
BRATUNOS	EX11B2	Quantity Unit	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX11B2 - BRATDAYS
BRATDAYS	EX11B2	Quantity Unit	How many days were billed at that rate?	(01) [Continuous answer.]	(01) BOX EX4B2
	BOX EX4B2		IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5B2. ELSE GO TO BOX EX3BB2.		
	BOX EX5B2		IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PREB2 - EX15PRCT. ELSE GO TO BOX EX6B2.		
EX15PRCT	EX15PREB2	code one	The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services. (Please do not include non-health-related services such as hairdressing, television, or telephone). PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES. PRESS "1" TO CONTINUE.	(01) Continue	(01) EX16B2 - ANCLPOST
ANCLPOST	EX16B2	yes/no	Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX6B2 (01) EX17B2 - ANYANCIL (-8) BOX EX6B2 (-9) BOX EX6B2
ANYANCIL	EX17B2	Yes/No	Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX6B2 (01) EX18B2 - ANCILAMT (-8) BOX EX6B2 (-9) BOX EX6B2
ANCILAMT	EX18B2	dollar	Altogether, what was the total charge for those health-related ancillary services?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX6B2 (-8) BOX EX6B2 (-9) BOX EX6B2
	BOX EX6B2		IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3AB2. ELSE GO TO BOX EX6BB2.		
	BOX EX6BB2		IF THERE ARE ANY BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2. ELSE GO TO BOX EX21B2.		
	BOX EX7BB2		GO TO EX20B2 - RECDBASP.		
RECDBASP	EX20B2	yes/no	Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) BOX EX14B2 (01) EX21AAB2 - ADDSOP1
ADDSOP1	EX21AAB2	yes/no	Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX21ACB2 - BASRATE (01) EX21ABB2 - PAYMPLN1
PAYMPLN1	EX21ABB2	code all	What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX21ACB2 - BASRATE (02) EX21ACB2 - BASRATE (03) EX21ACB2 - BASRATE (04) EX21ACB2 - BASRATE (05) EX21ACB2 - BASRATE (06) EX21ACB2 - BASRATE (07) EX21ACB2 - BASRATE (08) EX21ACB2 - BASRATE (09) EX21ABB2 - HMOOS1 (10) EX21ACB2 - BASRATE (91) EX21ABB2 - SOPOS1 (-8) EX21ACB2 - BASRATE (-9) EX21ACB2 - BASRATE
HMOOS1	EX21ABB2	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX21ACB2 - BASRATE
SOPOS1	EX21ABB2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX21ACB2 - BASRATE
BASRATE	EX21ACB2	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX7CB2 (-8) BOX EX7CB2 (-9) BOX EX7CB2

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX EX7CB2		IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) DATE AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BB2 - VEXPTXTB. ELSE GO TO BOX EX8B2.		
VEXPTXTB	EX21BB2	Verbatim Text	Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her). Please tell me why Medicare paid for (SP) during this billing period. RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT. IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.	(01) [Continuous answer.]	(01) BOX EX8B2
	BOX EX8B2		IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22B2 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9B2. ELSE GO TO EX22B2 - BAS10PCT.		
BAS10PCT	EX22B2	code one	There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX9B2 (02) BOX EX9B2 (91) EX22B2 - BAS10POS (-8) BOX EX9B2 (-9) BOX EX9B2
BAS10POS	EX22B2	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX9B2
	BOX EX9B2		IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1B2 - EX23A1B2C. ELSE GO TO BOX EX9AAB2.		
EX23A1B2C	EX23A1B2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9AAB2
	BOX EX9AAB2		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2B2 - EX23A2B2C. ELSE GO TO BOX EX9AB2.		
EX23A2B2C	EX23A2B2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX9AB2
	BOX EX9AB2		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX23AB2 - ECAIDNUM. ELSE GO TO BOX EX11B2.		
ECAIDNUM	EX23AB2	text	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX23BB2 - ECAIDVR1 (-8)BOX EX10B2 (-9)BOX EX10B2
ECAIDVR1	EX23BB2	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX10B2 (01) BOX EX10B2 (-8) BOX EX10B2 (-9) BOX EX10B2
	BOX EX10B2		IF EX23AB2 - ECAIDNUM = DK, RF OR EX23BB2 - ECAIDVR1 = DK, RF, GO TO EX24AB2 - EX24AB2C. ELSE GO TO BOX EX11B2.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EX24AB2C	EX24AB2	code one	Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX11B2
	BOX EX11B2		IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25B2 - EX25B2C. ELSE GO TO BOX EX12B2.		
EX25B2C	EX25B2	code one	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (her/his) care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX12B2
	BOX EX12B2		IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26B2 - CAREPRTB. ELSE GO TO BOX EX14B2.		
CAREPRTB	EX26B2	yes/no	Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment? IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX27B2 - VBPETXTE (01) BOX EX14B2 (-8) EX27B2 - VBPETXTE (-9) BOX EX14B2
VBPETXTE	EX27B2	Verbatim Text	Can you tell me why the Medicare payment is so small? RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.	(01) [Continuous answer.]	(01) BOX EX14B2
	BOX EX14B2		IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28B2 - RECDANCP. ELSE GO TO EX33BB2 - EXBBKCT.		
RECDANCP	EX28B2	yes/no	Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?	(00) NO (01) YES	(00) EX33BB2 - EXBBKCT (01) EX29AAB2 - ADDSOP2
ADDSOP2	EX29AAB2	yes/no	Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?	(00) NO (01) YES	(00) EX29ACB2 - ANCRATE (01) EX29ABB2 - PAYMPLN2
PAYMPLN2	EX29ABB2	code all	What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.	(01) MEDICAID (02) PRIVATE PAY OR SP/FAMILY INCOME (03) SOCIAL SECURITY (04) SP/FAMILY INCOME (05) PRIVATE INSURANCE (06) PENSION (07) MEDICARE (08) VA CONTRACT (09) HMO CONTRACT (10) SUPPLEMENTAL SECURITY INCOME (SSI) (91) OTHER (-8) Don't Know (-9) Refused	(01) EX29ACB2 - ANCRATE (02) EX29ACB2 - ANCRATE (03) EX29ACB2 - ANCRATE (04) EX29ACB2 - ANCRATE (05) EX29ACB2 - ANCRATE (06) EX29ACB2 - ANCRATE (07) EX29ACB2 - ANCRATE (08) EX29ACB2 - ANCRATE (09) EX29ABB2 - HMOOS2 (10) EX29ACB2 - ANCRATE (91) EX29ABB2 - SOPOS2 (-8) EX29ACB2 - ANCRATE (-9) EX29ACB2 - ANCRATE
HMOOS2	EX29ABB2	Verbatim Text	HMO CONTRACT (SPECIFY)	(01) [Continuous answer.]	(01) EX29ACB2 - ANCRATE
SOPOS2	EX29ABB2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) EX29ACB2 - ANCRATE
ANCRATE	EX29ACB2	Grid	What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) BOX EX15B2 (-8) BOX EX15B2 (-9) BOX EX15B2
	BOX EX15B2		IF EX18B2 - .ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30B2 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)), GO TO BOX EX16B2. ELSE GO TO EX30B2 - ANC10PCT.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ANC10PCT	EX30B2	code one	There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that? PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".	(01) MEDICAID WRITE-OFF/ADJUSTMENT (02) OTHER WRITE-OFF/ADJUSTMENT (91) OTHER (-8) Don't Know (-9) Refused	(01) BOX EX16B2 (02) BOX EX16B2 (91) EX30B2 - ANC10POS (-8) BOX EX16B2 (-9) BOX EX16B2
ANC10POS	EX30B2	Verbatim Text	OTHER (SPECIFY)	(01) [Continuous answer.]	(01) BOX EX16B2
	BOX EX16B2		IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1B2 - EX31A1B2C. ELSE GO TO BOX EX16AAB2.		
EX31A1B2C	EX31A1B2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source. Is Medicaid indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16AAB2
	BOX EX16AAB2		IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2B2 - EX31A2B2C. ELSE GO TO BOX EX16AB2.		
EX31A2B2C	EX31A2B2	code one	I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source. Is Medicare indeed paying for (SP)'s care? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX16AB2
	BOX EX16AB2		IF (THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "PENDING" OR WHOSE MEDICAID NUMBER IS UNKNOWN), GO TO EX31AB2 - ECAIDNM3. ELSE GO TO BOX EX18B2.		
ECAIDNM3	EX31AB2	text	Please tell me (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number.	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	(01) EX31BB2 - ECAIDVR2 (-8) BOX EX17B2 (-9) BOX EX17B2
ECAIDVR2	EX31BB2	yes/no	I'd like to verify the [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX EX17B2 (01) BOX EX17B2 (-8) BOX EX17B2 (-9) BOX EX17B2
	BOX EX17B2		IF EX31AB2 - ECAIDNM3 = DK, RF OR EX31BB2 - ECAIDVR2 = DK, RF, GO TO EX32AB2 - EX32AB2C. ELSE GO TO BOX EX18B2.		
EX32AB2C	EX32AB2	code one	Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment. Is Medicaid indeed paying for (SP)'s ancillaries? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) BOX EX18B2
	BOX EX18B2		IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33B2 - EX33B2C. ELSE GO TO EX33BB2 - EXBBKCT.		
EX33B2C	EX33B2	code one	It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source. Is Medicaid indeed no longer paying for (his/her) ancillary services? IF YES, PRESS '1' TO CONTINUE. IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.	(01) Continue	(01) EX33BB2 - EXBBKCT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EXBBKCT	EX33BB2	code one	THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD . PRESS "1" TO CONTINUE.	(01) Continue	(01) BOX EX20B2
	BOX EX20B2		IF THERE ARE ANY ADDITIONAL BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2. ELSE GO TO BOX EX21B2.		
	BOX EX21B2		IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34B2 - USENOLTC. ELSE GO TO BOX EX21AB2.		
USENOLTC	EX34B2	yes/no	Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) EX35B2 - VEXPTXTG (01) BOX EX21AB2 (-8) BOX EX21AB2 (-9) BOX EX21AB2
VEXPTXTG	EX35B2	Verbatim Text	Can you explain this to me? RECORD VERBATIM BELOW.	(01) [Continuous answer.]	(01) BOX EX21AB2
	BOX EX21AB2		IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AB2 - ECAIDECO. ELSE GO TO EXEND - EXENDCNT.		
ECAIDECO	EX35AB2	code one	The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?	(01) STILL PENDING (02) DENIED (-8) Don't Know (-9) Refused	(01) EXEND - EXENDCNT (02) EXEND - EXENDCNT (-8) EXEND - EXENDCNT (-9) EXEND - EXENDCNT
EXENDCNT	EXEND	code one	(Thank you for your time, I will need to talk to this person to complete these questions.) (YOU HAVE COMPLETED THE EXPENDITURES SECTION FOR THIS SP.) PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX EXEND
	BOX EXEND	routing	GO TO NAVIGATOR		