

MAIN STUDY - ROUND 7
COMMUNITY COMPONENT
ST. CHARGE QUESTIONS (STATEMENT SERIES)

BOX ST1A	IF COMING FROM CTRL/E AND 1 OR MORE CHARGE BUNDLES PREVIOUSLY ENTERED, GO TO ST1a. OTHERWISE, GO TO ST1.
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ST1. Now that we have finished talking about medical visits and prescribed medicines, let's talk about (your/SP's) medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare or any insurance company.

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

MCSAVAIL YES 1 (ST2)
NO 2 **BOX NS1**
REFUSED -7 **BOX NS1**
DON'T KNOW -8 **BOX NS1**

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

MED: XXXXXXXXXXXX MED: XXXXXXXXXXXX MED: XXXXXXXXXXXX
INS: XXXXXXXXXXXX INS: XXXXXXXXXXXX INS: XXXXXXXXXXXX
ETC.

[PRESS ENTER TO CONTINUE.]

Do you have any other statements or paper from Medicare or insurance (that you received since the last interview)?

MCSAVAIL YES 1 (ST2)
NO 2 **BOX NS1**
REFUSED -7 **BOX NS1**
DON'T KNOW -8 **BOX NS1**

BOX ST1. OMITTED.

ST2. MATCH UP MEDICARE AND INSURANCE STATEMENTS BY PROVIDER AND DATE OF SERVICE.
[PRESS ENTER TO LEAVE SCREEN.]

ST3. FOR THE (FIRST/NEXT) MEDICAL EVENT OR BUNDLE OF EVENTS TO BE ENTERED, WHAT TYPE OF STATEMENT(S) DO YOU HAVE?

STATTYPE MEDICARE STATEMENT ONLY 1
 INSURANCE STATEMENT ONLY 2
 BOTH MEDICARE AND INSURANCE STATEMENTS 3

ST4. ENTER UP TO FIVE MEDICARE CLAIM CONTROL NUMBERS FROM THE MEDICARE STATEMENT.
 IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER SHIFT/8.
 [USE CTRL/L TO LEAVE SCREEN.]
 [DO NOT ENTER ANY CLAIM CONTROL NUMBERS THROUGH CTRL/K.]

MEDCLNUM MEDICARE CLAIM CONTROL NUMBER: _____
MEDCLNM2 INSURANCE CLAIM CONTROL NUMBER: _____
 DON'T KNOW-8

BOX ST2	IF ST3=1 OR 3 AND FIRST NUMBER ENTERED AT ST4 DOES NOT = -8, GO TO ST5. IF FIRST NUMBER ENTERED AT ST4=-8, GO TO BOX ST4 .
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ST5. PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE STATEMENT AGAIN.

MEDICARE CLAIM CONTROL NUMBER: _____

MEDCLNUM

BOX ST3	CHECK CLAIM NUMBER IN ST5 AGAINST FIRST MEDICARE CLAIM NUMBER IN ST4. IF SAME NUMBER AS FIRST NUMBER IN ST4, GO TO BOX ST4 . IF NOT THE SAME NUMBER AS FIRST NUMBER IN ST4, GO TO ST6.
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ST6. YOU HAVE ENTERED THE MEDICARE CLAIM CONTROL NUMBERS DIFFERENTLY.

FIRST TIME: FIRST (MEDICARE CLAIM CONTROL NUMBER)

SECOND TIME: FIRST (MEDICARE CLAIM CONTROL NUMBER)

WHICH IS CORRECT?

WHICHNUM FIRST 1
 SECOND 2
 NEITHER 3

BOX ST4	<p>CHECK THE FINAL SELECTED MEDICARE CLAIM CONTROL NUMBER WITH ENTRY IN ST6 OVERLAY IF ST6=3, OR ENTRY IN ST5 IF ST6=2, OR ENTRY IN ST4 IF ST6=1 OR IF ST6 NOT ASKED, AND/OR THE INSURANCE CLAIM CONTROL NUMBER (ENTRY IN ST6a) AGAINST ALL PREVIOUSLY ENTERED CLAIM NUMBERS. IF SAME NUMBER ENTERED PREVIOUSLY WITH BUNDLED EVENTS, GO TO ST7. IF DIFFERENT NUMBER ENTERED, GO TO ST8. NOTE: DO NOT INCLUDE AN ENTRY OF -8 AS A "MATCH" WITH ANY OTHER ENTRY OF -8.</p>
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ST7. SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

(MEDICARE CLAIM CONTROL NUMBER: CURRENT {XXXXXXXXXXXX} PREVIOUS {XXXXXXXXXXXX})
 (INSURANCE CLAIM CONTROL NUMBER: CURRENT {XXXXXXXXXXXX} PREVIOUS {XXXXXXXXXXXX})

THE CURRENT (MEDICARE) (AND) (INSURANCE) CLAIM CONTROL NUMBER(S) (WAS/WERE) PREVIOUSLY ENTERED FOR THIS SP. DOES THE CHARGE BUNDLE SHOWN BELOW MATCH EXACTLY WITH THE CHARGE BUNDLE ON THE STATEMENT THAT YOU HAVE NOW?

PROVIDER(S):

NAME

TYPE

DATE [TO DATE] (WITH ORP)

OTHER MEDICAL EXPENSES:

ITEM

DATE [TO DATE] (WITH ORP)

OR NUMBER OF PURCHASES

PRESCRIBED MEDICINES:

NAME

NUMBER OF PURCHASES

BUNDMTCH

BUNDMNUM

YES 1 **BOX ST4A**

NO 2 (ST8)

BOX ST4A	<p>IF ALL EVENT DATES ARE ORP, GO TO ST50. OTHERWISE, IF BUNDLE INCLUDES AN IP OR IU VISIT, GO TO BOX ST52. ELSE, GO TO ST51.</p>
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ST8. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

WHAT TYPES OF EVENTS ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (MEDICARE/ INSURANCE) STATEMENT?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

INCDATES

PROVIDER SERVICE DATES 1

INCOMS

OTHER MEDICAL EXPENSES 2

INCPMS

PRESCRIBED MEDICINES 3

BOX ST5	IF 1 CODED, GO TO ST9. IF 1 NOT CODED AND 2 CODED, GO TO ST17. IF 1 AND 2 NOT CODED AND 3 CODED, GO TO ST19.
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ST9. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

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

PROVNAME
COSTPROV

ST10. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX
SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX
PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SELECT, CORRECT, ADD DATES IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

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

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

BOX ST5A	IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, GO TO ST10a. IF HH EVENT ADDED AND INTERVIEW IS TYPE 2 OR 3, EVENT GETS CURRENT ROUND DATA AND SKIPS ST10A. OTHERWISE, GO TO BOX ST5B .
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IF HH EVENT:

COSTBEGM **COSTENDM**
COSTBEGD **COSTENDD**
COSTBEGY **COSTENDY**

ST10a. WHICH REFERENCE PERIOD IS THIS HOME HEALTH EVENT FOR?

HHROUND

Type 1

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

(2 ROUNDS BACK FROM CURRENT ROUND) 1

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

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

Type 4

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

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

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

(CURRENT ROUND) 3

Type 5

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

(2 ROUNDS BACK FROM CURRENT ROUND) 1

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

(DISCHARGE DATE-TODAY) (CURRENT ROUND) 3

BOX ST5B	IF MULTIPLE PROVIDERS ADDED AT ST9, GO TO ST10 AND COLLECT EVENT DATES FOR NEXT PROVIDER. OTHERWISE, GO TO ST11.
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ST11. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXXX

SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

DO THE EVENTS INCLUDED IN THIS CHARGE BUNDLE SHOWN BELOW MATCH **EXACTLY** WITH THE
(PROVIDER SERVICE DATES PORTION OF THE) CHARGE BUNDLE ON THE (MEDICARE/ INSURANCE)
STATEMENT?

PROVIDER(S):

NAME

TYPE

DATE [TO DATE] (WITH ORP)

ETC.

NAME

TYPE

DATE [TO DATE] (WITH ORP)

ETC.

DATEMTCHYES 1 **BOX ST6**

NO 2

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

BOX ST7	<p>CHECK TYPE CODE AT ST10/CT72:</p> <p>IF 3, SET PROVIDER SPECIALTY AS "DENTIST" AND GO TO BOX ST8.</p> <p>IF 4, 5, OR 6, GO TO BOX ST8.</p> <p>IF 8 OR 9, GO TO ST12a.</p> <p>NOTE: THE DATES COLLECTED IN ST10 FOR HH UTILIZATION ARE THE DATES COVERED BY THE STATEMENT.</p> <p>IF 10 AND PROVIDER ADDED USING CTRL/A AT ST9/CT71, GO TO ST13. IF 10 AND DATE ONLY ADDED AT ST10/CT72, GO TO BOX ST8.</p>
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ST12a. Is (PROVIDER) a facility or a person?

FACPERS

FACILITY	1
PERSON	2

BOX ST7a	<p>IF 1 AND ST10/CT72 = 8, GO TO HH6.</p> <p>IF 1 AND ST10/CT72 = 9, GO TO HH25.</p> <p>IF 2 AND ST10/CT72 = 8, GO TO HH3.</p> <p>IF 2 AND ST10/CT72 = 9, GO TO HH20.</p>
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ST13. What kind of medical person is (PROVIDER)?

BOX ST8**PROVSPEC**

BOX ST8	a.	SP HAS USED VA FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED VA FACILITIES (HI36=2 OR MISSING)	2	BOX ST9
	b.	VA FLAG SET FOR THIS PROVIDER	1	BOX ST9
		VA FLAG NOT SET FOR THIS PROVIDER	2	(ST14)

ST14. Is [(PROVIDER) associated with/(HOSPITAL NAME)] a facility of the Veterans Administration?

VAPLACE

YES 1
 NO 2
 REFUSED -7
 DK -8

BOX ST9	<p>SET VA FLAG IF NOT SET PREVIOUSLY. COLLECT NEW UTILIZATION FOR EACH VISIT DATE: IF TYPE AT ST10/CT72=4, ASK ER5. IF TYPE AT ST10/CT72=5, ASK IP7. IF TYPE AT ST10/CT72=6, ASK OP5. IF TYPE AT ST10=7, AND: IF ST8 CODED 2, GO TO ST17; IF ST8 NOT CODED 2 AND CODED 3, GO TO ST19; IF ST8 NOT CODED 2 OR 3, GO TO BOX ST17. IF TYPE AT ST10/CT72=3 OR 10, GO TO BOX ST10. IF COMING FROM INTERRUPT, OPTION 7, COLLECT UTILIZATION FOR ANY OTHER EVENT ENTERED, GO TO BOX ST10.</p>
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BOX ST10	a.	SP BELONGS TO AN HMO (H15=1 FOR ANY PLAN)	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI25=2 OR MISSING FOR ALL PLANS)	2	BOX ST11
	b.	HMO FLAG CODED YES OR REFUSED FOR THIS PROVIDER	1	BOX ST11
		HMO FLAG CODED O OR DK FOR THIS PROVIDER	2	(ST16)
		HMO FLAG NOT SET FOR THIS PROVIDER	3	(ST15)

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

HMOASSOC

YES 1 **BOX ST11**
 NO 2 (ST16)
 REFUSED -7 **BOX ST11**
 DK -8 (ST16)

ST16. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAMES BELOW]?

HMOREFER	YES	1
	NO	2
	REFUSED	-7
	DK	-8

BOX ST11	COLLECT NEW UTILIZATION FOR EACH VISIT DATE. IF TYPE AT ST10=3, GO TO DU7. IF TYPE AT ST10=10 AND PROVIDERS' SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13,14, 15, 19, 22, 23, 24, 25, 26 OR 27, GO TO MP10. OTHERWISE, GO TO MP7.
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BOX ST12	STARTING AT BOX ST7 , COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (i.e., NO "ORP" FLAG AT ST10). THEN: IF ST8 CODED 2, GO TO ST17. IF ST8 NOT CODED 2 AND CODED 3, GO TO ST19. IF ST8 NOT CODED 2 OR 3, GO TO STARTING AT BOX ST7 , COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (I.E., NO "ORP" FLAG AT ST10). THEN: IF ST8 CODED 2, GO TO ST17. IF ST8 NOT CODED 2 AND CODED 3, GO TO ST19. IF ST8 NOT CODED 2 OR 3, GO TO BOX ST17 . IF COMING FROM INTERRUPT OPTION 7 PRIOR TO COMPLETING ST, GO TO INTERRUPT MENU. IF INTERRUPT USED AFTER NS, GO TO NS1. COLLECT CHARGE INFORMATION, RETURN TO INTERRUPT MENU.
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ST17. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXX
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT OR ADD OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

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

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

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

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

[IF OTHER MEDICAL SUPPLIES: 41=RAISED TOILET SEAT 42=PORTABLE TUB SEAT 43=SPECIAL
 CHAIR/CUSHION 44=HOSPITAL BED 45=OSTOMY SUPPLIES 46=DEPENDS(DIAPERS) 47=BANDAGES,
 DRESSINGS, TAPE SUPPLIES 48 = PULMONARY EQUIPMENT 91=OTHER (SPECIFY)]

XCEVRNDC
NUMLINKS

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

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

ST18. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXX
 SURVEY REFERENCE PERIOD: XX/XX/XX

DO THE OTHER MEDICAL EXPENSES INCLUDED IN THIS CHARGE BUNDLE SHOWN BELOW MATCH EXACTLY WITH THE (OTHER MEDICAL EXPENSES PORTION OF THE) CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT?

OTHER MEDICAL EXPENSES:

ITEM DATE (WITH ORP) OR NUMBER OF PURCHASES, ETC.

PROVIDER(S):

NAME TYPE DATE [TO DATE] (WITH ORP), ETC.

OMMTCH YES 1 **BOX ST13**
 NO 2

BOX ST13	IF ST8 CODED 3, GO TO ST19. IF ST8 NOT CODED 3, GO TO BOX ST17 . NOTE: FOR EACH OME ADDED AT ST17, SET FLAG TO NOTE THAT OME WAS COLLECTED IN CHARGE SERIES.
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ST19. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXX
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

SELECT, CORRECT OR ADD PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT.

MEDICINE	NUMBER OF PURCHASES
	COVERED BY STATEMENT
X XXXXXXXXXXXX XX	

XCEVRNDC
NUMLINKS

ST20. (MEDICARE/INSURANCE) CLAIM CONTROL NUMBER: XXXXXXXXXXXX
 SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

DO THE PRESCRIBED MEDICINES INCLUDED IN THIS CHARGE BUNDLE SHOWN BELOW MATCH EXACTLY WITH THE (PRESCRIBED MEDICINE PORTION OF THE) CHARGE BUNDLE ON THE (MEDICARE/INSURANCE) STATEMENT?

PRESCRIBED MEDICINES:

NAME NUMBER OF PURCHASES
 ETC.

PROVIDER(S):

NAME

TYPE

DATE [TO DATE] (WITH ORP)

ETC.

OTHER MEDICAL EXPENSES:

ITEM

DATE (WITH ORP) OR NUMBER OF PURCHASES

ETC.

PMMTCHYES 1 **BOX ST14**

NO 2

BOX ST14	IF MEDICINES ADDED AT ST19, GO TO ST21. IF NO MEDICINES ADDED AT ST19, GO TO BOX ST17 .
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ST21. Before we continue with this statement, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).]

[PRESS ENTER TO CONTINUE]

BOX ST15	GO TO BOX PM18 FOR EACH MEDICINE ADDED AT ST19. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CHARGE SERIES. THEN GO TO BOX ST17 .
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BOX 16 OMITTED.

BOX ST17	COMPARE EVENTS LINKED WITH THIS CHARGE BUNDLE TO ALL PREVIOUS CHARGE BUNDLES. IF ANY PREVIOUS BUNDLE INFORMATION (PROVIDER, DATE(S), NAME OF MEDICINE/EXPENSE, NUMBER OF TIMES) MATCHES EXACTLY AND MEDICARE APPROVED AMOUNT NOT SKIPPED AND MEDICARE PAYMENT NOT SKIPPED), GO TO ST22. IF NO PREVIOUS BUNDLE MATCHES EXACTLY, SKIP TO BOX ST49 .
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ST22.

SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

(MEDICARE CLAIM CONTROL NUMBER: CURRENT {XXX} PREVIOUS {XXX})
 (INSURANCE CLAIM CONTROL NUMBER: CURRENT {XXX} PREVIOUS {XXX})

BILLED AMOUNT: XXXX.XX
 MEDICARE APPROVED AMOUNT: XXXX.XX
 MEDICARE PAYMENT: XXXX.XX

THE ABOVE INFORMATION WAS ENTERED EARLIER FROM A PREVIOUS (MEDICARE) (AND) (INSURANCE) STATEMENT.

DOES THE CHARGE INFORMATION SHOWN ABOVE MATCH EXACTLY WITH THE CHARGE INFORMATION ON THE (MEDICARE/INSURANCE) STATEMENT THAT YOU HAVE NOW?

AMTMTCH YES 1 **BOX ST49**
 NO 2 **BOX ST49**
 DON'T KNOW -8 **BOX ST49**

ST23 THROUGH ST29 OMITTED.

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

GO TO (ST68)

BOX ST51	IF INPATIENT STAY, OR NURSING HOME STAY WITH THIS BUNDLE, AND ST3=1 OR 3, SKIP TO ST55. OTHERWISE, GO TO ST51.
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ST51.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?

ASGNTAKE	YES	1
	NO	2
	CAN'T TELL	3
	DON'T KNOW	-8

Box ST52 is a filter for statements whose charge bundles match a previously entered statement. Before deciding whether to review previous entries of \$ amounts or make new entries, check whether assignment status matches previous entry.

BOX ST52	<p>a. OMITTED</p> <p>b. IF (ST7=1 OR ST22=1) AND IP OR IU EVENT ONLY, AND (PREVIOUS) AMOUNT REMAINING <u>NOT</u> MISSING, SKIP TO ST60; AND (PREVIOUS) AMOUNT REMAINING MISSING, SKIP TO ST55.</p> <p>c. IF (ST7] 1 AND ST22] 1), OR (ST7=1 OR ST22=1) AND ST51 DOES NOT MATCH PREVIOUS ST51, OR (ST7=1 OR ST22=1) AND PREVIOUS AMOUNT REMAINING MISSING, SKIP TO ST52. (THIS SKIP PATTERN APPLIES TO CHARGE BUNDLES WITH PM.)</p> <p>d. IF CHARGE BUNDLE PREVIOUSLY ENTERED (ST7=1 OR ST22=1), (AND ST51 MATCHES PREVIOUS ST51 OR CHARGE BUNDLE INCLUDES IP OR IU) AND PREVIOUS AMOUNT REMAINING NOT MISSING AND PREVIOUS AMOUNT REMAINING FROM ST56 OR ST60, SKIP TO ST60. OTHERWISE, GO TO ST59. NOTE: DO NOT INCLUDE A PREVIOUS ENTRY OF 3 IN ST51 AS A "MATCH" WITH ANY OTHER ENTRY OF 3. A "MATCH" IS A PREVIOUS CODE OF 1 WITH CURRENT CODE OF 1 OR A PREVIOUS CODE OF 2 WITH A CURRENT CODE OF 2.</p>
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ST52.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

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

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

BOX ST53	IF ST3=2, SKIP TO BOX ST54 . IF ST3=1 OR 3 AND LINE B=0, SKIP TO ST54. IF ST3=1 OR 3, ST51=1, AND ST52 LINE B OR LINE C IS MISSING, SKIP TO ST55. IF ST3=1 OR 3, ST51=2, AND ST52 LINE A OR LINE C IS MISSING, SKIP TO ST55. IF ST3=1 OR 3, ST51=3, AND ST52 LINE C OR BOTH LINES A AND B ARE MISSING, SKIP TO ST55. OTHERWISE, GO TO ST53.
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ST53.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

DO ANY INDIVIDUAL CHARGES ON THE MEDICARE STATEMENT HAVE AN APPROVED AMOUNT OF 0?

APPAMT0	YES	1 (ST54)
	NO	2 BOX ST54
	DON'T KNOW	-8 BOX ST54

ST54.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

ENTER TOTAL BILLED AMOUNT FOR CHARGES WITH APPROVED AMOUNT OF 0 ON APPROPRIATE LINE(S).

TOTALCHG	A. TOTAL CHARGE/BILLED AMOUNT:	\$xxxxxxx
MCAPPAMT	B. TOTAL MEDICARE APPROVED AMOUNT:	\$xxxxxxx
MCPAYAMT	C. TOTAL MEDICARE PAYMENT:	\$xxxxxxx
MCREDPCT	D. MEDICARE PAYMENT REDUCTION:	xxxxxxx%
NOCOVAMT	E. NONCOVERED SERVICE (INCLUDING NO PART B AND TOO MANY SERVICES)	\$ _____
OTHERAMT	F. ANY OTHER REASON (INCLUDING DUPLICATE CHARGE, "PROVIDER AGREED TO BILL" AND REQUEST TO RESUBMIT)	\$ _____
ARCALFLG		

BOX ST54	<p>a. SET FLAG TO NOTE THAT DATA WERE FROM ST52.</p> <p>b. IF ST54 SKIPPED, SET E=0 AND F=0.</p> <p>c. CALCULATE AMOUNT REMAINING AS FOLLOWS: IF ST51=1, AMOUNT REMAINING = $B - [C + (C \times D)] + F$ IF ST51=2, AMOUNT REMAINING = $A - [(C + (C \times D)) + F]$ IF ST51=3, USE THESE RULES IN PRIORITY ORDER:</p> <ol style="list-style-type: none"> 1. IF A, C, AND F NOT MISSING, THEN AMOUNT REMAINING = $A - (C + F)$ 2. IF B, C, D AND E NOT MISSING, THEN AMOUNT REMAINING = $B - (C + (C \times D)) + E$ 3. IF B, C, AND E NOT MISSING, THEN AMOUNT REMAINING = $B - (C + E)$ 4. IF NONE OF THESE CONDITIONS ARE TRUE, AMOUNT REMAINING=MISSING. <p>d. IF AMOUNT REMAINING < \$1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION. IF B NOT MISSING AND AMOUNT REMAINING < $.02 \times B$, AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, SKIP TO BOX ST56.</p>
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If charge bundle for inpatient stay or institutional stay and on Medicare statement, collection of \$ data begins here.

ST55.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
(PROVIDER: XXXX)

HOW DOES THE MEDICARE STATEMENT SUMMARIZE THIS CLAIM?

MCSUMMRZ	MEDICARE PAID EVERYTHING	1	BOX ST55
	BENEFICIARY (SP) RESPONSIBLE FOR		
	SOME AMOUNT	2	(ST56)
	SOME OTHER WAY	3	BOX ST55
	DON'T KNOW	-8	BOX ST55

ST56.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
(PROVIDER: XXXX)

ENTER AMOUNT BENEFICIARY RESPONSIBLE FOR: \$ _____
(AMOUNT REMAINING AFTER MEDICARE PAID)
AREMAING
STDATQNO

BOX ST55	<p>a. SET FLAG TO NOTE THAT DATA WERE FROM ST56.</p> <p>b. IF ST55=3 OR -8, SET AMOUNT REMAINING TO MISSING. IF ST55 = 1, SET AMOUNT REMAINING TO 0. OTHERWISE, AMOUNT REMAINING = AMOUNT IN ST56.</p> <p>c. IF AMOUNT REMAINING < \$1.00 BUT NOT MISSING, AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, SKIP TO ST68. IF EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, SKIP TO BOX ST56.</p>
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BOX ST56	<p>IF AMOUNT REMAINING IS MISSING, SKIP TO ST61.</p> <p>IF AMOUNT REMAINING NOT MISSING, SKIP TO ST58.</p>
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ST57 AND BOX ST57 OMITTED.

ST58.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

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

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

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

BOX ST57A	<p>IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST58=-7, GO TO BOX CPS11/NEXT SECTION.</p> <p>IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a.</p> <p>OTHERWISE, GO TO ST68 IF NOT EXIT 40 SAMPLE. GO TO NEXT SECTION IF CASE IS EXIT 40 SAMPLE.</p>
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BOX ST58	<p>a. SET FLAG THAT ST58 WAS CODED 3. SET ST58 TO -1.</p> <p>b. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST56 OR ST60 (ON THIS OR A PREVIOUS STATEMENT SERIES FOR THIS CLAIM NUMBER), SKIP TO ST60. OTHERWISE, GO TO ST59.</p>
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*ST59 and ST60 review and/or correct statement amounts: ST59 is used if the program calculated the amount remaining, ST60 if the interviewer entered the amount remaining from the statement. After interviewer corrects or confirms entries in ST59, program should recalculate amount remaining and return to **BOX ST56** and then ST58 (or ST61 if amount remaining now missing).*

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

TOTALCHG	A.	TOTAL CHARGE/BILLED AMOUNT:.....\$xxxxxxx	\$ _____
MCAPPAMT	B.	TOTAL MEDICARE APPROVED AMOUNT:.....\$xxxxxxx	\$ _____
MCPAYAMT	C.	TOTAL MEDICARE PAYMENT:.....\$xxxxxxx	\$ _____
MCREDPCT	D.	MEDICARE PAYMENT REDUCTION:.....\$xxxxxxx	\$ _____
NOCOVAMT	E.	NONCOVERED SERVICE (INCLUDING NO PART B AND TOO MANY SERVICES).....\$xxxxxxx	\$ _____
OTHERAMT	F.	OTHER REASON (INCLUDING DUPLICATE CHARGE, "PROVIDER AGREED TO BILL" AND REQUEST TO RESUBMIT).....\$xxxxxxx	\$ _____
AREMAING	G.	AMOUNT REMAINING AFTER MEDICARE PAYMENT.....\$XXXXXXX	
ARCAFLG			
CHANGAMT		DO YOU WANT TO MAKE ANY CHANGES?	

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

BOX ST59	<p>a. IF ANY CHANGES MADE IN ST59, RECALCULATE AMOUNT REMAINING, USING RULES IN BOX ST54.</p> <p>b. IF AMOUNT REMAINING NOT MISSING AND < \$1.00, SKIP TO ST68 IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO BOX ST56.</p>
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ST60.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER: XXXX)

THE AMOUNT BELOW WAS PREVIOUSLY ENTERED FROM A (MEDICARE/INSURANCE) STATEMENT AS THE AMOUNT THE BENEFICIARY WAS RESPONSIBLE FOR (THE AMOUNT REMAINING).

G. AMOUNT REMAINING.....\$XXXXXXX \$_____

DO YOU WANT TO CHANGE THIS AMOUNT?

CHANGEAR YES1 (RE-ENTER G);
STDATQNO NO.....2 **BOX ST60**
BOXST6

BOX ST60	<p>a. IF ANY CHANGES MADE IN ST60, SET AMOUNT REMAINING TO AMOUNT ENTERED IN ST60.</p> <p>b. IF AMOUNT REMAINING NOT MISSING AND < \$1.00, SKIP TO ST68, IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO BOX ST56.</p>
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ST61 is for charge bundles with missing amount remaining.

ST61.

(MEDICARE CLAIM CONTROL NUMBER: XXXX)
 (INSURANCE CLAIM CONTROL NUMBER: XXXX)
 (PROVIDER(S): XXXX)

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

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

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

BOX ST60A	IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST61=-7, GO TO BOX CPS11 /NEXT SECTION. IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR COMING FROM INTERRUPT, GO TO CPS3a. OTHERWISE, GO TO ST68 IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION.
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ST62. (REFER TO INSURANCE STATEMENT.)

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

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

OSOPTTEXT

PAYMTYPE

PAYMPLAN

PAYMAMT

PAYMOSOP

AMOUNT REMAINING

\$xxxxxxxxxxxx

__ SP/FAMILY	\$ _____
__ PROVIDER DISCOUNT/COURTESY	\$ _____
__ [VA (VETERANS ADMINISTRATION)]	\$ _____
__ SOP 1	\$ _____
__ SOP 2	\$ _____
__ SOP 3	\$ _____

BOX ST61	SOP ADDED IN ST62/ST66 1 (ST63) NO SOP ADDED IN ST62/ST66 2 BOX ST63
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ST63. [What type of health insurance plan is (SOP NAME)?]

PAYMISHI	MEDICAID	1	BOX ST62
	OTHER PUBLIC PLAN (OTHER THAN MEDICAID)	2	BOX ST62
	PRIVATE HEALTH INSURANCE	3	BOX ST62
	NOT A HEALTH INSURANCE PLAN (INCLUDING VA)	4	BOX ST62c
	MILITARY PLAN OTHER THAN VA.....	5	BOX ST62
	NOT SP's INSURANCE PLAN (PLAN BELONGS TO SOMEONE ELSE)	6	BOX ST62c
	REFUSED.....	-7	BOX ST62c
	DON'T KNOW.....	-8	BOX ST62c

BOX ST62	a.	IF ST63=1 AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10. IF ST63=2 OR 5, ASK HI13-HI16. IF ST63=3, ASK HI21-HI33.
	b.	ADD SOP TO HI ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER.
	c.	IF ANOTHER SOP ADDED IN ST62/ST66, RETURN TO ST63. IF NO OTHER SOP ADDED IN ST62/ST66, GO TO BOX ST63 .

BOX ST63	a.	IF AMOUNT REMAINING IS MISSING OR ANY PAYMENT AMOUNT IN ST62 IS DK OR REFUSED OR COMING FROM ST66, SKIP TO BOX ST64 .
	b.	ADD ALL PAYMENTS FROM ST62. COMPARE TOTAL AMOUNT REMAINING: IF TOTAL PAYMENTS IN ST62 = AMOUNT REMAINING, SKIP TO BOX ST64 . IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS > \$1.00 AND TOTAL PAYMENTS IS < AMOUNT REMAINING, GO TO ST64. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS AND AMOUNT REMAINING IS > \$1.00 AND TOTAL PAYMENTS IS > AMOUNT REMAINING, GO TO ST65. OTHERWISE, GO TO BOX ST64B .

ST64.

AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	\$XXXXXXXXXXXX
SP/Family.....	\$XXXXXXXXXXXX
SOP 1	\$XXXXXXXXXXXX
TOTAL OF NON-MEDICARE PAYMENTS	\$XXXXXXXXXXXX
AMOUNT UNPAID	\$XXXXXXXXXXXX

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

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

ST65.

AMOUNT REMAINING (AFTER MEDICARE PAYMENT)	\$XXXXXXXXXXXX
SP/Family.....	\$XXXXXXXXXXXX
SOP 1	\$XXXXXXXXXXXX
TOTAL OF NON-MEDICARE PAYMENTS.....	\$XXXXXXXXXXXX
AMOUNT UNPAID.....	\$XXXXXXXXXXXX

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

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

ST66. (THE FOLLOWING PAYMENT INFORMATION WAS ENTERED PREVIOUSLY.) CORRECT PAYMENT AMOUNTS, ADD SOURCES AS NECESSARY.

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

AMOUNT REMAINING \$xxxxxxxxxx

___ SP/FAMILY	\$XXXXXXX
___ PROVIDER DISCOUNT/COURTESY	\$ _____
(___ MEDICARE	\$ _____)
___ [VA (VETERANS ADMINISTRATION)]	\$ _____
___ SOP 1	\$XXXXXXX
___ SOP 2	\$ _____
___ SOP 3	\$ _____

OSOPEX

BOX ST64A	IF SOP IS ADDED AT ST66, GO TO ST64 FOR THAT SOP.
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BOX ST64	SP/FAMILY PAYMENT GREATER THAN \$5.00 1 (ST67) SP/FAMILY PAYMENT LESS THAN OR EQUAL TO \$5.00 2 BOX ST64B
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ST67. I have recorded that (you have/SP has) paid (SP/FAMILY PAYMENT AMOUNT IN ST62 OR ST66). Do you expect any source to pay (you/SP) back any or all of that amount?

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

BOX ST64B	IF COMING FROM CPS AND: : ST67 = 1 AND EVENT COLLECTED IN PREVIOUS ROUND, GO TO BOX CPS11 . : ST67 = 1 AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED) OR COMING FROM INTERRUPT, GO TO CPS3b. : ST67 = 2 OR -7 OR -8 AND EVENT COLLECTED IN PREVIOUS ROUND OR COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, GO TO BOX CPS11 . OTHERWISE, GO TO ST68
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ST68. IS THERE ANOTHER MEDICARE OR INSURANCE STATEMENT OR ANOTHER CHARGE BUNDLE ON THIS STATEMENT?

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

BOX ST65	IF ALL CURRENT ROUND EVENTS LINKED TO CHARGES OR: PM6a=0 AND ONLY EVENT, ONLY UTILIZATION IS IU, ONLY UTILIZATION IS IP AND IP5=95, ONLY UTILIZATION IS HH WHERE ONLY SERVICE PROVIDED IS MEAL DELIVERY, ONLY UTILIZATION IS OME ALTERATION AND OM30=95, GO TO ST69. OTHERWISE, GO TO NS FOR CURRENT ROUND EVENTS NOT LINKED TO CHARGES.
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ST69. YOU HAVE COMPLETED ENTERING CURRENT ROUND CHARGE INFORMATION FOR THIS CASE.

[PRESS ENTER TO CONTINUE.]

BOX ST66.	GO TO BOX CPS1 .
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