MAIN STUDY - ROUND 10

COMMUNITY COMPONENT

CPS. CHARGE/PAYMENT SUMMARY

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

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

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

1.   The respondent was expecting to receive a Medicare or insurance statement (NS1=1);

2.   (Event or bundle from No Statement): the total charge (NS2) was greater than $1.00 or unknown and no payment had been made (NS19=2, -7 or -8), or (CPS6=2 and CPS10=1 or -8) or (CPS6=-7 or -8);

3.   (Bundle from Statement including PM-only bundles): the amount remaining was greater than $1.00 and no payment beyond Medicare had been made (ST58=2, -7 or -8 or ST61=2, -7 or -8; or (CPS7=2 and CPS10=1 or -8) or (CPS7=-7 or -8);

4.   (Event or bundle from No Statement): some payment of known amount had been made, but the total of all payments was less than the total charge by more than $1.00 or 2% of the total charge, whichever is greater.

5.   (Bundle from Statement including PM-only bundles): some payment other than from Medicare of known amount had been made, but the total of all such payments was less than the amount remaining after the Medicare payment by more than $1.00 or 2% of the amount remaining, whichever is greater.

6.   The SP/family made some payment greater than $5.00 and reimbursement was expected (ST67=1 or NS25=1 or CPS14=1).

7.   The SP/family made some payment greater than $5.00 and did not know whether reimbursement was expected (ST67=-8 or NS25=-8).

8.   Event added through Comments during previous round and NS1= 9.

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

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

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

PM events with PM6a and/or INT9 = -7, -8 and any other events bundled with these events will not come into the CPS series.

OM events with OM25 and/or INT8 = -7, -8 and any other events bundled with these events will not come into the CPS series.

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

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

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

Do not allow Interrupt during CPS series.

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

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

(EVENT(S))

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

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

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

BOX CPS2	IF REASON FOR CPS = 1 OR 8, GO TO CPS1. IF REASON FOR CPS = 2 OR 6 OR 7 and NS2 = -8, GO TO CPS4. IF REASON FOR CPS = 2 AND TOTAL CHARGE -8, GO TO CPS6. IF REASON FOR CPS = 3, GO TO CPS7. IF REASON FOR CPS = 4, GO TO CPS8. IF REASON FOR CPS = 5, GO TO CPS9. IF REASON FOR CPS = 6 OR 7 (AND NS2 -8), GO TO CPS11.

CPS1 handles events for which a Medicare or insurance statement was expected from the previous interview.

(EVENT)

CPS1.   [At the last interview, (you were/SP was) expecting to receive a statement or paper from Medicare (or insurance)].
         (Have you/Has SP) received a statement for the (READ EVENT ABOVE) (since the last interview) (since then)?

RECDSTAT   STATEMENT RECEIVED AND AVAILABLE 1 (ST3)
COROTYPE   STATEMENT RECEIVED, NOT AVAILABLE 2 (NS2)
                                 STATEMENT NOT RECEIVED 3 (NS2)
                                 REFUSED .... -7 (CPSINTRO/
                                                                                                            NEXT SEC.)
                                 DON'T KNOW .... -8 (NS2)

CPS2 AND CPS3 OMITTED.

CPS3a.   Do you expect anyone to pay any [(of this amount)/(of the charge for the (READ EVENT(S) ABOVE)]?

EXPAYOUT   YES………………………1   (CPS3b)
                                 NO…………………………2   BOX CPS11
                                 REFUSED ………………-7   BOX CPS11
                                 DON'T KNOW …………..-8   BOX CPS11

CPS3b.   How much do you expect will be paid?

EXPAYUNT   Percentage……….1 _____%   BOX CPS11
EXPAYAMT   Dollars ……………2 $_____.___   BOX CPS11
EXPAYPCT   REFUSED ……………………………..-7   BOX CPS11
             DON'T KNOW …………………………...-8   BOX CPS11

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

(EVENT(S))

CPS4.   Last time, (you/RESPONDENT) didn't know the total charge for (READ EVENTS ABOVE.) Do you (now) happen to
         know the total charge?

                                 YES 1 (CPS5)
KNOWTOTL   NO ………………………………………………. 2 BOX CPS3
                                 REFUSED ……………………………………… -7 BOX CPS3

(EVENT(S))

CPS5.   Including any amounts that may be paid by Medicare or anyone else, what was the total charge [that is, the amount billed]?

                              TOTAL AMOUNT: $_____
TOTALCHG   REFUSED ……………………………….. -7

BOX
CPS3
	IF REASON FOR CPS = 2: AND TOTAL AMOUNT = 0, GO TO NS20.
	                                         AND TOTAL AMOUNT > 0, DK OR REFUSED,
	                                             GO TO CPS6.
	IF REASON FOR CPS = 6 OR 7, GO TO CPS11.
	IF TOTAL AMOUNT COLLECTED IN CPS5, SET "TOTAL AMOUNT COLLECTED" FLAG.

*CPS6 and **BOX CPS4** handle events or bundles from No Statement with no payments yet made for a total charge that is unknown, or known and greater than $1.00.*

(EVENT(S))

CPS6.   (Last time, we recorded that the total charge for (READ EVENTS ABOVE) was (TOTAL CHARGE), and that no payment had been made.) (Have you/Has SP) or any other source (such as an insurance plan) now paid any of (the total charge/this (TOTAL CHARGE))?

                              SP OR ANY SOURCE PAID 1   BOX CPS4
TCHGPAID   QNOTHING HAS BEEN PAID …………………… 2   BOX CPS4
TCHGFLG   TOTAL CHARGE IS WRONG …………………… 3   BOX CPS4
                              REFUSED ………………………………………… -7   BOX CPS11
                              DON'T KNOW …………………………………… -8   BOX CPS11

BOX CPS4	IF CPS6=3, SET FLAG THAT CPS6 WAS CODED 3 AND SET CPS6=-1. GO TO CPS5. IF CPS6=1 AND IF TOTAL CHARGE=0 AND SP HAS MEDICAID, GO TO ***BOX CPS11***. DROP EVENT IF COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND. IF CPS6=1 AND IF TOTAL CHARGE = 0 AND SP DOES NOT HAVE MEDICAID, GO TO NS20. IF CPS6=2 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10. IF CPS6=2 AND EVENT/BUNDLED COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a. OTHERWISE, GO TO NS20.

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

(EVENT(S))

CPS7.   Last time, we recorded that (Medicare had paid (MEDICARE PAYMENT AMOUNT) and) after Medicare paid, there was an amount remaining of (AMOUNT REMAINING) for (READ EVENTS ABOVE.)

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

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

CPS7A.   DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

	YES	1 (CPS17)
RRDETAIL	NO ………………………………………………	2 BOX CPS11
	DON'T KNOW ………………………………………	-8 BOX CPS11

BOX CPS5	IF CPS7=1, GO TO ST62. IF CPS7=2: AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10. : AND EVENT/BUNDLE COLLECTED IN 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a. IF CPS7=3, SET FLAG THAT CPS7 WAS CODED 3. SET CPS7 = -1. GO TO CPS7B, THEN RETURN TO CPS7.

CPS7B.   YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED.
          ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID.
                              [PRESS ENTER TO CONTINUE]

CPS8.

TOTAL CHARGE:...	$XXXX.XX
SOP 1:...	$XXXX.XX
SOP 2:...	$XXXX.XX
TOTAL PAYMENTS:...	$XXXX.XX
AMOUNT UNPAID:..	$XXXX.XX

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

SP OR ANY SOURCE PAID	1	BOX CPS6
NOTHING HAS BEEN PAID ……………………...	2	BOX CPS6
TOTAL CHARGE SEEMS WRONG ………….…	3	BOX CPS6
PAYMENT AMOUNTS WRONG ………………..	4	BOX CPS6
REFUSED ……………………………………….	-7	BOX CPS11
DON'T KNOW …………………………………….	-8	(CPS8A)

TCHGPAID
TCHGFLG

CPS8A.   DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT
          SURE OF THE DETAILS?

YES	1	(CPS17)
NO …………………………………………………….	2	BOX CPS11
DON'T KNOW …………………………………..	-8	BOX CPS11

RRDETAIL

BOX CPS6	IF CPS8=1 OR 4, GO TO NS24. IF CPS8=3, SET FLAG THAT CPS8 WAS CODED 3. SET CPS8 = -1 AND DISPLAY PREVIOUSLY ENTERED TOTAL CHARGE. GO TO CPS8B, THEN RETURN TO CPS8. IF CPS8=2: AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10. : AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.

CPS8B.   YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES"
          OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.

                              [PRESS ENTER TO CONTINUE]

CPS9.

AMOUNT REMAINING (AFTER MEDICARE PAYMENT):............................	$XXXX.XX
SOP 1:..	$XXXX.XX
SOP 2:..	$XXXX.XX
TOTAL OF NON-MEDICARE PAYMENTS:	$XXXX.XX
AMOUNT UNPAID:...	$XXXX.XX

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

	SP OR ANY SOURCE PAID	1	BOX CPS7
TCHGPAID	NOTHING HAS BEEN PAID …………………………………………………	2	BOX CPS7
TCHGFLG	AMOUNT REMAINING SEEMS WRONG ………………………………………	3	BOX CPS7
	PAYMENT AMOUNTS WRONG ………………………………………………	4	BOX CPS7
	REFUSED ………………………………………………………………………	-7	BOX CPS11
	DON'T KNOW …………………………………………………………………	-8	(CPS9A)

CPS9A.   DID RESPONDENT MENTION AN INSURANCE REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?

	YES	1	(CPS17)
RRDETAIL	NO ………………………………………………………	2	BOX CPS11
	DON'T KNOW ………………………………………	-8	BOX CPS11

BOX CPS7	IF CPS9=1 OR 4, GO TO ST66. IF CPS9=3, SET FLAG THAT CPS9 WAS CODED 3. SET CPS9 = -1. GO TO CPS9B, THEN RETURN TO CPS9. IF CPS9=2 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO CPS10. IF CPS9=2 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS3a.

CPS9B.   YOU CANNOT CORRECT THE AMOUNT REMAINING HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT.

[PRESS ENTER TO CONTINUE]

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

(EVENT(S))

CPS10.   Do you expect that (you/SP) or any other source will pay any (of this amount/additional amount for (READ EVENTS ABOVE)?

EXPAYOUT
YES	1	BOX CPS7A
N0 ………………………………………………	2	BOX CPS11
REFUSED ………………………………………	-7	BOX CPS11
DON'T KNOW ………………………………………..	-8	BOX CPS11

BOX CPS7A	IF CPS10=1 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO **BOX CPS11**. IF CPS10=1 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE COLLECTED), GO TO CPS10a.

CPS10a.   How much do you expect will be paid?

EXPAYUNT	Percentage ………………………1	_____%	BOX CPS11
EXPAYAMT	Dollars …………………………..2	$_____._____	BOX CPS11
EXPAYPCT	REFUSED …………………………………………..-7		
	DON'T KNOW ………………………………………-8		

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

(EVENT(S))

CPS11.   Last time, (you/RESPONDENT) said (you/SP) expected some source to pay (you/SP) back some or all of [the (SP/FAMILY PAYMENT AMOUNT)] (you/SP) had paid for (READ EVENTS ABOVE.)

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

[PRESS ENTER TO CONTINUE]

(EVENT(S))

CPS12.   Has any source (such as an insurance plan) paid (you/SP) back any of that amount?

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

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

RRDETAIL   YES …………………1   (CPS17)
                   NO …………………..2   BOX CPS11
                   DON'T KNOW …….-8   BOX CPS11

BOX CPS8	IF PREVIOUS ANSWER TO NS25 OR ST67 WAS -8, SKIP TO **BOX CPS11**. OTHERWISE, GO TO CPS14.

(EVENT(S))

CPS14.   Do you still expect any source to pay (you/SP) back any amount for (READ EVENTS ABOVE.)?

EXPPAYBK   YES …………………………..1   BOX CPS8A
                   N0 …………………………….2   BOX CPS11
                   REFUSED ……………….-7   BOX CPS11
                   DON'T KNOW …………...-8   BOX CPS11

BOX CPS8A	IF CPS14=1 AND EVENT/BUNDLE COLLECTED IN PREVIOUS ROUND AND NOT EXIT INTERVIEW, GO TO **BOX CPS11**. IF CPS14=1 AND EVENT/BUNDLE COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR EXIT INTERVIEW (REGARDLESS OF WHEN EVENT/BUNDLE WAS COLLECTED), GO TO CPS14a.

CPS14a. How much do you expect will be paid?

EXPAYUNT   Percentage ……..1 _____%   BOX CPS11
EXPAYAMT   Dollars ………….2 $_____._____   BOX CPS11
EXPAYPCT   REFUSED ……………………………-7   BOX CPS11
                   DON'T KNOW …………………………-8   BOX CPS11

9

CPS15.   ENTER REIMBURSEMENT AMOUNTS, ADD SOURCES AS NECESSARY.

IF REIMBURSEMENT APPLIES TO MORE THAN THIS EVENT/BUNDLE AND R CANNOT SEPARATE AMOUNTS, ENTER ENTIRE AMOUNT HERE.

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

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

REIMTYPE
REIMAMT
REIMPLAN
REIMOSOP

PROVIDER DISCOUNT/COURTESY	$_____.____
MEDICARE	$_____.____
____ SOP 1	$_____.____
____ SOP 2	$_____.____
____ SOP 3	$_____.____

BOX CPS8AA	IF SOP ADDED IN CPS15, GO TO CPS15a. OTHERWISE, GO TO CPS16.

CPS15a.   [What type of health insurance plan is (SOP NAME)?]

MEDICAID…………………………………………………..1 BOX CPS8B
OTHER PUBLIC PLAN
(OTHER THAN MEDICAID)………………………………...2 BOX CPSS8
PRIVATE HEALTH INSURANCE …………………………3   BOX CPSS8
NOT A HEALTH INSURANCE PLAN
(INCLUDING VA)……………………………………………4 BOX CPS8Bc
MILITARY PLAN OTHER THAN VA   …………………………5 BOX CPS8B
NOT SP's INSURANCE PLAN
(PLAN BELONGS TO SOMEONE ELSE) …………………….6   BOX CPS8Bc
REFUSED……………………………………………...-7 BOX CPS8Bc
DON'T KNOW…………………………………………………-8 BOX CPS8Bc

BOX CPS8B	a. IF CPS15a=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 CPS15, RETURN TO CPS15a.
	        IF NO OTHER SOP ADDED IN CPS15, GO TO CPS16.

(EVENT(S))

CPS16.   DOES THIS REIMBURSEMENT AMOUNT COVER ANY OTHER EVENTS BESIDES THOSE SHOWN ABOVE?

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

BOX CPS11	GO TO CPSINTRO OR NEXT SECTION. TURN "STATEMENT EXPECTED" FLAG OFF IF BUNDLE WAS COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND.

CPS17.   DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?

RRADD   YES………………………1 (CPS18)
                        NO ………………………2 BOX CPS14

CPS18.   Select source, enter reimbursement/refund amount.

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

REIMTYPE
REIMANT
REIMPLAN
REIMOSOP

                                                                 REIMBURSEMENT AMOUNT

MEDICARE	$_____.____
____ SOP 1	$_____.____
____ SOP 2	$_____.____
____ SOP 3	$_____.____

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

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

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MEDICAID 1	BOX CPS13
OTHER PUBLIC PLAN	
(OTHER THAN MEDICAID) …………………..2	BOX CPS13
PRIVATE HEALTH INSURANCE ……………3	BOX CPS13
NOT A HEALTH INSURANCE PLAN	
(INCLUDING VA) ………………………………4	(CPS20)
MILITARY PLAN OTHER THAN VA …………5	BOX CPS13
NOT SP'S INSURANCE PLAN	
(PLAN BELONGS TO SOMEONE ELSE) …..6	(CPS20)
REFUSED ……………………………………-7	(CPS20)
DON'T KNOW …………………………………-8	(CPS20)

BOX CPS13	a. IF CPS19=1 AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10. IF CPS19=2 OR 5, ASK HI13-HI16. IF CPS19=3, ASK HI21-HI33. b. ADD SOP TO HI ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER.

CPS20. WHAT (OTHER) TYPE(S) OF EVENT(S) ARE COVERED BY THIS REIMBURSEMENT?
[CODE ALL THAT APPLY.]

[PRESS CTRL/L TO LEAVE SCREEN.]
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

REIMSBL	SEPARATELY BILLING LAB (SBL)	1
REIMSBD	SEPARATELY BILLING DOCTOR (SBD)	2
REIMDU	DENTAL (DU)	3
REIMER	HOSPITAL EMERGENCY ROOM (ER)	4
REIMIP	HOSPITAL INPATIENT STAY (IP)	5
REIMOP	HOSPITAL OUTPATIENT VISIT (OP)	6
REIMIU	INSTITUTIONAL STAY (IU)	7
REIMHHP	HOME HEALTH PROFESSIONAL (HHP)	8
REIMOHH	OTHER HOME HEALTH (OHH)	9
REIMMP	OTHER VISITS TO MEDICAL PROVIDERS (MP)	10
REIMOM	OTHER MEDICAL EXPENSES (OM)	11
REIMPM	PRESCRIBED MEDICINES (PM)	12
	DON'T KNOW..	-8

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

[PRESS ENTER TO CONTINUE.]

BOX CPS14	IF ROUTED TO REIMBURSEMENT/REFUND FROM CPS, SKIP TO **BOX CPS11**. IF ROUTED TO REIMBURSEMENT/REFUND FROM INTERRUPT, RETURN TO INTERRUPT MENU.