MAIN STUDY - ROUND 22

COMMUNITY COMPONENT

ST.   CHARGE QUESTIONS (STATEMENT SERIES)

BOX ST1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED, GO TO NS. IF COMING FROM CTRL/E AND 1 OR MORE CHARGE BUNDLES PREVIOUSLY ENTERED, GO TO ST1a. IF HMO (MEDICARE OR PRIVATE -- NOT MEDICAID) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO ST1ahmo. OTHERWISE, IF THIS IS A WINTER ROUND AND SP ENROLLED IN ANY MEDICARE OR PRIVATE HMO AT ANY TIME DURING THE PREVIOUS THREE ROUNDS, THEN GO TO ST1bhmo. OTHERWISE, GO TO ST1.

BOX ST1B OMITTED.

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

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

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

BOX ST1AA	IF THIS IS A WINTER ROUND, THEN GO TO ST1bhmo. OTHERWISE, GO TO ST1 IF ST1ahmo = 1, 2, -7 OR –8; OR GO TO **BOX NS1** IF ST1ahmo = 3.

ST1bhmo.   As you know, in this study, we are concerned with the use of care and the costs associated with that care. Beneficiaries typically receive statements from Medicare which give details about the visits the person has had. These details can include whether the person had lab work performed or x-rays, etc. Since many Medicare beneficiaries who belong to managed care plans do not receive statements or paperwork, we plan to contact (your/SP's) managed care plan in order to get some of those details about (your/SP's) use of services.

Is it O.K. with you that we contact [READ HMO PLAN NAME(S) BELOW] to obtain a few more details on (your/SP's) use of their services?

MHMOOKSP	YES	1	**BOX ST1C**
	NO...	2	(ST1chmo)

ST1chmo.   RECORD THE RESPONDENT'S VERBATIM COMMENTS BELOW.

MHMOOK1 _____

MHMOOK2 _____

MHMOOK3 _____

BOX ST1C	IF ST1ahmo = -1, 1, 2, -7 OR -8, GO TO ST1. IF ST1ahmo = 3, GO TO ***BOX NS1***.

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/MSN): XXXXXXXXXXXX   (MED/MSN): XXXXXXXXXXXX   (MED/MSN): 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 (ST3a)
                 INSURANCE STATEMENT ONLY 2 (ST6a)
                 BOTH MEDICARE AND INSURANCE STATEMENTS 3 (ST3a)

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

                 "EXPLANATION OF YOUR MEDICARE PART B BENEFITS"
                    (EXAMPLE 1).. 1 (ST4)
                 "MEDICARE BENEFIT NOTICE" (EXAMPLE 2).................................... 2 (ST4)
MCARTYPE   "YOUR RECORD OF PART B MEDICARE BENEFITS USED"
                    (EXAMPLE 3).. 3 (ST4)
                 MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE -
                    ASSIGNED OR UNASSIGNED CLAIMS (EXAMPLE 4) 4 (ST4a)
                 MEDICARE SUMMARY NOTICE: PART B MEDICAL INSURANCE -
                    OUTPATIENT FACILITY CLAIMS (EXAMPLE 5) 5 (ST4a)
                 MEDICARE SUMMARY NOTICE: PART A HOSPITAL INSURANCE -
                    INPATIENT CLAIMS (EXAMPLE 6)... 6 (ST4a)
                 MEDICARE SUMMARY NOTICE: PART A HOME HEALTH FACILITY
                    CLAIMS (EXAMPLE 7).. 7 (ST4a)

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   MEDICARE CLAIM CONTROL NUMBER: _____
MEDCLNM3   MEDICARE CLAIM CONTROL NUMBER: _____
MEDCLNM4   MEDICARE CLAIM CONTROL NUMBER: _____
MEDCLNM5   MEDICARE CLAIM CONTROL NUMBER: _____
                DON'T KNOW ....-8

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

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

BOX ST2	IF ST3=1 OR 3 AND ST3a=1, 2, 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**. IF ST3=1 OR 3 AND ST3a=4, 5, 6 OR 7 AND FIRST NUMBER ENTERED AT ST4a DOES NOT = -8, GO TO ST5a. IF FIRST NUMBER ENTERED AT ST4a = -8, GO TO **BOX ST4**. IF ST3=2, GO TO ST6a.

ST5.   PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE STATEMENT AGAIN.

MEDICARE CLAIM CONTROL NUMBER: _____   **BOX ST3**

MEDCLNUM
(TEMP VARIABLE)

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

MSN CLAIM CONTROL NUMBER: _____

MSNCLNUM
(TEMP VARIABLE)

BOX ST3	EDIT CHECK FOR ST4/ST5 (MEDCLNUM): CHECK CLAIM NUMBER IN ST5 AGAINST FIRST MEDICARE CLAIM NUMBER IN ST4. IF SAME NUMBER AS FIRST NUMBER IN ST4, GO TO **BOX ST3A**. IF NOT THE SAME NUMBER AS FIRST NUMBER IN ST4, GO TO ST6. EDIT CHECK FOR ST4a/ST5a (MSNCLNUM): CHECK CLAIM NUMBER IN ST5a AGAINST FIRST MSN CLAIM NUMBER IN ST4a. IF SAME NUMBER AS FIRST NUMBER IN ST4a, GO TO **BOX ST3A**. IF NOT THE SAME NUMBER AS FIRST NUMBER IN ST4a, GO TO ST6aa.

ST6.   YOU HAVE ENTERED THE MEDICARE CLAIM CONTROL NUMBERS DIFFERENTLY.

FIRST TIME: FIRST (MEDICARE CLAIM CONTROL NUMBER)

SECOND TIME: SECOND (MEDICARE CLAIM CONTROL NUMBER)

WHICH IS CORRECT?

WHICHNUM   FIRST .... 1 **BOX ST3A**
                      SECOND .... 2 **BOX ST3A**
                      NEITHER .... 3 (RE-ENTER) **BOX ST3A**

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

FIRST TIME: FIRST (MSN CLAIM CONTROL NUMBER)

SECOND TIME: SECOND (MSN CLAIM CONTROL NUMBER)

WHICH IS CORRECT?

WHICHNUM   FIRST 1
SECOND 2
NEITHER 3

BOX ST3A	IF ST3 = 3, GO TO ST6a. OTHERWISE, GO TO **BOX ST4**.

ST6a.   ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER SHIFT/8.

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

Box ST4 outlines the following procedures depending upon the type of statement(s) currently being entered:
(a)   Match current Medicare claim number with previously entered Medicare and insurance claim numbers, or
(b)   Match current MSN claim number with previously entered MSN claim numbers ONLY, or
(c)   Match current insurance claim number with previously entered insurance and Medicare claim numbers.

BOX ST4	IF ST3=1 OR 3 AND ST3a=1, 2 OR 3: CHECK THE FINAL SELECTED MEDICARE CLAIM CONTROL NUMBER (I.E., 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, GO TO ST8. NOTE: DO NOT INCLUDE AN ENTRY OF -8 AS A "MATCH" WITH ANY OTHER ENTRY OF -8. IF ST3=1 OR 3 AND ST3a=4, 5, 6 OR 7: CHECK THE FINAL SELECTED MSN CLAIM CONTROL NUMBER (I.E., ENTRY IN ST6aa OVERLAY IF ST6aa=3, OR ENTRY IN ST5a IF ST6aa=2, OR ENTRY IN ST4a IF ST6aa=1 OR IF ST6aa 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, GO TO ST8. IF ST3=2 CHECK THE INSURANCE CLAIM CONTROL NUMBER (ENTRY IN ST6a) AGAINST ALL PREVIOUSLY ENTERED CLAIM NUMBERS. IF SAME NUMBER ENTERED PREVIOUSLY, GO TO ST7. IF DIFFERENT NUMBER, GO TO ST8.

ST7.   SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

[(MEDICARE/MSN) CLAIM CONTROL NUMBER: CURRENT {XXXXXXXXXXX}   PREVIOUS {XXXXXXXXXXX}]
(INSURANCE CLAIM CONTROL NUMBER: CURRENT {XXXXXXXXXXX}   PREVIOUS {XXXXXXXXXXX})

THE CURRENT (MEDICARE/MSN) (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	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.

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

WHAT TYPES OF EVENTS ARE INCLUDED IN THIS CHARGE BUNDLE ON THE [MEDICARE STATEMENT/ INSURANCE STATEMENT/MEDICARE SUMMARY NOTICE (MSN)]?
[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.

ST9.   (MEDICARE/MSN/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/MSN/INSURANCE) CLAIM CONTROL NUMBER: (XXXXXXXXXX)
                       SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX
                       PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXX

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

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

BOX ST5A	IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, OR 9, GO TO ST10a. IF HH EVENT ADDED AND INTERVIEW IS TYPE 2, EVENT GETS CURRENT ROUND DATE AND SKIPS ST10A. OTHERWISE, GO TO **BOX ST5B**.

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)
(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.

ST11.   (MEDICARE/MSN/INSURANCE) CLAIM CONTROL NUMBER: (XXXXXXXXXXXXX)
                  SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

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

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

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

                                          YES .... 1 *BOX ST6*
                                          NO 2

BOX
ST6
	IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES
	     ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES
	     ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND ST8 CODED
	     2, GO TO ST17.
	IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES
	     ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES
	     ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND ST8 NOT
	     CODED 2 AND CODED 3, GO TO ST19.
	IF ONLY SELECTED OR CORRECTED DATES IN ST10, OR BILLING DATES
	     ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES
	     ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND ST8 NOT
	     CODED 2 OR 3, GO TO *BOX ST17*.
	IF ANY ADDED UTILIZATION DATES IN ST10 DO NOT HAVE "ORP" FLAG, GO TO
	     ST12, UNLESS UTILIZATION IS IU. IF UTILIZATION IS IU, GO TO
	     BOX ST8.
	SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES.

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	CHECK TYPE CODE AT ST10/CT72: IF 3, SET PROVIDER SPECIALTY AS "DENTIST" AND GO TO **BOX ST8**. IF 4, 5, OR 6, GO TO **BOX ST8**. IF 8 OR 9, GO TO ST12a. NOTE: THE DATES COLLECTED IN ST10 FOR HH UTILIZATION ARE THE DATES COVERED BY THE STATEMENT. 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**.

ST12a.   INTERVIEWER: IS (PROVIDER) THE NAME OF AN ORGANIZATION OR THE NAME OF A PERSON?

FACPERS   ORGANIZATION 1
                                    PERSON 2

BOX ST7A	IF ST12a = 1 AND ST10/CT72 = 8, GO TO HH6. IF ST12a = 1 AND ST10/CT72 = 9, GO TO HH25. IF ST12a = 2 AND ST10/CT72 = 8, GO TO HH3. IF ST12a = 2 AND ST10/CT72 = 9, GO TO HH20.

ST13.   What kind of medical person is (PROVIDER)?   **BOX ST8**

PROVSPEC
PROVSPOS

BOX ST8	a. SP HAS USED VA FACILITIES (HI36=1) .... 1 (b)
	     SP HAS NOT USED VA FACILITIES (HI36=2 OR MISSING) ...... 2 **BOX ST10**
	b. VA FLAG SET FOR THIS PROVIDER .... 1 **BOX ST10**
	     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 OMITTED.

9

BOX
ST10
	IF ST14 = 1, SET VA FLAG. THEN:
	
	aa. TYPE AT ST10/CT72 = 7 .... 1 ***BOX ST10A***
	      TYPE AT ST10/CT72 ≠ 7 .... 2 (a)
	a. SP BELONGS TO AN HMO (HI10a, HI25, OR MEDICARE
	      HMO FLAG =1 FOR ANY PLAN) .... 1 (b)
	      SP DOES NOT BELONG TO AN HMO (HI10a OR HI25=2
	      OR MISSING FOR ALL PLANS) .... 2 ***BOX ST10A***
	b. HMO FLAG CODED YES FOR THIS PROVIDER .... 1 ***BOX ST10A***
	      HMO FLAG CODED NO OR MISSING 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] plan?

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

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

       HMOREFER   YES 1
                                    NO 2
                                    REFUSED .... -7
                                    DK .... -8

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

BOX ST11 OMITTED.

BOX ST12	STARTING AT **BOX ST7**, COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (i.e., NO "ORP" FLAG AT ST10). THEN: IF ST8 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.

ST17.   (MEDICARE/MSN/INSURANCE) CLAIM CONTROL NUMBER: (XXXXXXXXXXX)
         SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

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

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

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

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

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

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

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

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

         XCEVRNDC
         NUMLINKS

BOX ST12A	IF CTRL/A AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE HMO THIS ROUND AND TYPE ADDED = 1, GO TO OM2a; TYPE = 2, GO TO OM4a; TYPE = 3 AND SUBCATEGORY IS 21, 22, OR 23, GO TO OM7aa; TYPE = 4, GO TO OM10a; TYPE = 5, GO TO OM12a; TYPE = 6, GO TO OM14a; TYPE = 8 AND SUBCATEGORY IS 51, GO TO OM20aa; TYPE = 9 AND SUBCATEGORY IS 61, GO TO OM22aa; THEN GO TO ST18. IF CTRL/A AND TYPE ADDED = 24, 25, 26, 41-44, 48, 52, 62, OTHER SPECIFY ORTHOPEDIC ITEM, OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO ST17aa. OTHERWISE, GO TO ST18.

ST17aa.   Did (you/SP) buy or repair the (ITEM ADDED AT ST17), or did (you/SP) rent (it/them)?

RENTPROB

BUY/REPAIR	....	1	**BOX ST12B**
RENT	....	2	**BOX ST12AA**
REFUSED	....	-7	**BOX ST12B**
DK	....	-8	**BOX ST12B**

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

ST17bb.   ORIGINAL RENTAL EVENT(S)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)

ADDED RENTAL EVENT
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)

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

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

TEMP

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

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

BOX ST12AB	IF TYPE ADDED AT ST17 = 24, 25, 26 OR OTHER SPECIFY ORTHOPEDIC ITEM, GO TO OM7b. IF TYPE ADDED AT ST17 = 52, GO TO OM20b. IF TYPE ADDED AT ST17 = 62, GO TO OM22b. IF TYPE ADDED AT ST17 = 41-44, 48 OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO OM26a1.

BOX ST12B	IF ITEM OR ITEMS INCLUDED IN THIS BUNDLE RENTED (RENTPROB = 2), GO TO ST17a FOR EACH RENTAL ITEM. IF NO RENTAL ITEMS, GO TO ST18.

ST17a. (RENTAL ITEM)   (RENTAL BEGIN DATE) - (LAST RENTAL DATE)

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

MONTHCOV   MONTHS: ....
                         REFUSED .... -7
                         DON'T KNOW .... -8

BOX ST12C	GO TO ST17a FOR EACH RENTAL ITEM INCLUDED IN THIS BUNDLE. IF NO OTHER RENTAL ITEMS IN THIS BUNDLE, GO TO ST18.

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

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

OTHER MEDICAL EXPENSES:
        ITEM   DATE (WITH ORP) OR NUMBER OF PURCHASES
        ETC.

PROVIDER(S):
        NAME   TYPE   DATE [TO DATE] (ORP)   (XX VISITS)
        ETC.
OMMTCH   YES .... 1 *BOX ST13*
                        NO 2

13

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.

ST19. (MEDICARE/MSN/INSURANCE) CLAIM CONTROL NUMBER: (XXXXXXXXXXX)
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 STATEMENT/INSURANCE STATEMENT/MEDICARE SUMMARY NOTICE (MSN)].

MEDICINE	NUMBER OF PURCHASES COVERED BY STATEMENT
X XXXXXXXXXXXX	XX

XCEVRNDC
NUMLINKS

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

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

PRESCRIBED MEDICINES:
       NAME   NUMBER OF PURCHASES
       ETC.

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

OTHER MEDICAL EXPENSES:
       ITEM   DATE (WITH ORP) OR NUMBER OF PURCHASES
       ETC.

PMMTCH   YES .... 1 **BOX ST14**
                            NO 2

BOX ST14	IF MEDICINES ADDED AT ST19 AND HMO (MEDICARE OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO ST20a. IF MEDICINES ADDED AT ST19 AND NO HMO WAS IN EFFECT DURING THE CURRENT ROUND, GO TO ST21. IF NO MEDICINES ADDED AT ST19, GO TO **BOX ST17.**

ST20a.   (MEDICARE/MSN/INSURANCE) CLAIM CONTROL NUMBER: (XXXXXXXXXXXX)
                     SURVEY REFERENCE PERIOD: XX/XX/XX   TO XX/XX/XX

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

[PROBE: This could include obtaining the purchase at a pharmacy located at the HMO; at a pharmacy that honors your HMO plan card; or through a mail order service that the HMO referred you to.]

[DISPLAY ALL HMO PLAN NAMES]

PMSATHMO   YES 1
                                          NO 2

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

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

[PRESS ENTER TO CONTINUE]

BOX ST15	GO TO **BOX PM1B** FOR EACH MEDICINE ADDED AT ST19. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CHARGE SERIES. THEN GO TO **BOX ST17**.

BOX 16 OMITTED.

BOX ST17	a.	COMPARE EVENTS LINKED WITH THIS CHARGE BUNDLE TO ALL PREVIOUS CHARGE BUNDLES. IF ALL PREVIOUS BUNDLE INFORMATION FOR A PARTICULAR CHARGE BUNDLE [PROVIDER, DATE(S), NAME OF MEDICINE/EXPENSE, NUMBER OF TIMES] MATCHES EXACTLY, SKIP TO ITEM b. IF ALL PREVIOUS BUNDLE INFORMATION DOES NOT MATCH EXACTLY, SKIP TO *BOX ST49*.
	b.	IF ST3=1 OR 3, SKIP TO ITEM c. IF ST3=2, AND PREVIOUS MCARTYPE ≠ 2, 3, 4, 5, 6 OR 7, GO TO ST22. OTHERWISE, GO TO *BOX ST49*.
	c.	IF PREVIOUS ST3=2 AND CURRENT MCARTYPE = 1, GO TO ST22. IF PREVIOUS ST3=2 AND CURRENT MCARTYPE = 2, 3, 4, 5, 6 OR 7, GO TO BOX ST49. IF MCARTYPE OF PREVIOUS AND CURRENT BUNDLE IS EQUAL, SET MCARMTCH TO 1 AND GO TO ITEM d. IF MCARTYPE IS NOT EQUAL, SET MCARMTCH TO 2 AND GO TO *BOX ST49*.
	d.	IF ST3a=1 OR 4 AND MEDICARE APPROVED AMOUNT (I.E., MCAPPAMT) AND MEDICARE PAYMENT (I.E., MCPAYAMT) NOT SKIPPED FOR PREVIOUS BUNDLE, GO TO ST22. IF ST3a=2 AND AMOUNT REMAINING (I.E., AREMAING) NOT SKIPPED FOR PREVIOUS BUNDLE, GO TO ST22. IF ST3a=3 AND AMOUNT REMAINING (I.E., MAYBBILL) NOT SKIPPED FOR PREVIOUS BUNDLE, GO TO ST22. IF ST3a=5, 6 OR 7 AND AMOUNT CHARGED (I.E., TOTALCHG), NON-COVERED CHARGES (I.E., NONCOVRD) AND DEDUCTIBLE AND/OR COINSURANCE AMOUNT (I.E., COINSUR) NOT SKIPPED FOR PREVIOUS BUNDLE, GO TO ST22. OTHERWISE, SKIP TO *BOX ST49*.

ST22.   SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

[(MEDICARE/MSN CLAIM CONTROL NUMBER: CURRENT {XXX}   PREVIOUS {XXX/MSN})]
(INSURANCE CLAIM CONTROL NUMBER: CURRENT {XXX}   PREVIOUS {XXX})

(BENEFIT DAYS USED:	____ DAYS)
[(BILLED AMOUNT/AMOUNT CHARGED):	XXXX.XX]
[(MEDICARE APPROVED AMOUNT/NON- COVERED CHARGES):	XXXX.XX]
[(MEDICARE PAYMENT/(DEDUCTIBLE AND COINSURANCE/COINSURANCE):	XXXX.XX]
(LINE E, "YOUR TOTAL RESPONSIBILITY":	XXXX.XX)
(AMOUNT BENEFICIARY RESPONSIBLE FOR:	XXXX.XX)

THE ABOVE INFORMATION WAS ENTERED EARLIER FROM A PREVIOUS [MEDICARE STATEMENT/ MEDICARE SUMMARY NOTICE (MSN)] (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.

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**.

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 **BOX ST64C**

BOX ST51	IF ST3a = 5, 6 OR 7, GO TO ST52b. IF ST3a = 3, GO TO ST52c. IF INPATIENT STAY, OR NURSING HOME STAY WITH THIS BUNDLE OR ST3a = 2, **AND** ST3=1 OR 3, SKIP TO ST55. OTHERWISE, GO TO ST51.

ST51.   [(MEDICARE/MSN) 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

BOX ST51A OMITTED IN ROUND 22.

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.

17

BOX ST52	a. OMITTED a1. IF THE CURRENT STATEMENT IS NOT MATCHED TO A PREVIOUS AMOUNT OR BUNDLE (I.E., AMTMTCH ≠ 1 OR BUNDMTCH ≠ 1), THEN: IF ST3=2, GO TO ST52; OR IF ST3a=1, GO TO ST52; OR IF ST3a=4, GO TO ST52a. b. IF (ST7=1 OR ST22=1) AND IP OR IU EVENT ONLY, AND (PREVIOUS) AMOUNT REMAINING <u>NOT</u> MISSING, AND ST3a=2 SKIP TO ST60; AND (PREVIOUS) AMOUNT REMAINING MISSING, AND ST3a=2 SKIP TO ST55. AND ST3a=6, SKIP TO ST52b. AND ST3 = 2, SKIP TO ST52. 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, AND ST3 = 2, SKIP TO ST52; AND ST3a=1, SKIP TO ST52; AND ST3a=2, SKIP TO ST55; AND ST3a=3, SKIP TO ST52c; AND ST3a=4, SKIP TO ST52a; AND ST3a=5, 6, OR 7, SKIP TO ST52b. 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 IF ST3=2 OR ST3a=1. GO TO ST55 IF ST3a = 2. GO TO ST52c IF ST3a = 3. GO TO ST59a IF ST3a=4. GO TO ST59b IF ST3a=5, 6 OR 7. 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.

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.

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

          ENTER THE FOLLOWING AMOUNTS FROM THE MSN:

TOTALCHG   B.   AMOUNT CHARGED: .... $_____

MCAPPAMT   C.   MEDICARE APPROVED: .... $_____

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

MAYBBILL   E.   YOU MAY BE BILLED: .... $_____

STDATQNO

                              [GO TO **BOX ST53A**]

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

          ENTER THE FOLLOWING AMOUNTS FROM THE MSN:

DAYSUSED   (A.   BENEFIT DAYS USED: ....   _____DAYS)

TOTALCHG   B.   AMOUNT CHARGED: .... $_____

NONCOVRD   C.   NON-COVERED CHARGES: .... $_____

COINSUR   D.   (DEDUCTIBLE AND COINSURANCE/COINSURANCE): .... $_____

MAYBBILL   E.   YOU MAY BE BILLED: .... $_____

STDATQNO

                              [GO TO **BOX ST53A**]

ST52c.   MEDICARE CLAIM CONTROL NUMBER: XXXX
                     (PROVIDER: XXXX)

          ENTER THE FOLLOWING AMOUNT FROM THE "RECORD OF PART B MEDICARE BENEFITS USED":

MAYBBILL   E.   LINE E, "YOUR TOTAL RESPONSIBILITY": .... $_____
STDATQNO

BOX ST53A	a. IF COMING FROM ST52a:
	   IF ST51 = 1, THEN AMOUNT REMAINING = E
	   IF ST51 = 2, THEN AMOUNT REMAINING = E-D.
	   GO TO c.
	
	b. IF COMING FROM ST52b OR ST52c:
	   AMOUNT REMAINING = E
	
	c. IF AMOUNT REMAINING < \$1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, GO TO **BOX ST64C**. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.
	   IF AMOUNT REMAINING = MISSING, GO TO ST61.
	   IF AMOUNT REMAINING NOT = MISSING AND > \$1.00, GO TO ST58.

ST53.　　　　　(MEDICARE CLAIM CONTROL NUMBER: XXXX)
　　　　　　　　(INSURANCE CLAIM CONTROL NUMBER: XXXX)
　　　　　　　　(PROVIDER: XXXX)
　　　　　　　　TOTAL CHARGE = \$(TOTAL CHARGE)

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

BOX ST54	a. SET FLAG TO NOTE THAT DATA WERE FROM ST52.
	b. IF ST54 SKIPPED, SET E=0 AND F=0.
	c. CALCULATE AMOUNT REMAINING AS FOLLOWS:
	    IF ST51=1, AMOUNT REMAINING = B - [C + (C*D)) + F
	    IF ST51=2, AMOUNT REMAINING = A - [(C+(C*D)) + F]
	    IF ST51=3, USE THESE RULES IN PRIORITY ORDER:
	    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*D)) + E
	    3. 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.
	d. IF AMOUNT REMAINING < $1.00 (INCLUDING NEGATIVE CALCULATED AMOUNTS), AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, GO TO **BOX ST64C**. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.
	    IF B NOT MISSING AND AMOUNT REMAINING < .02*B, AND CASE IS <u>NOT</u> EXIT 40 SAMPLE, GO TO **BOX ST64C**. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.
	    OTHERWISE, SKIP TO **BOX ST56**.

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
	a. SET FLAG TO NOTE THAT DATA WERE FROM ST56.
	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.
	c. IF AMOUNT REMAINING < $1.00 BUT NOT MISSING, AND CASE IS
	     NOT EXIT 40 SAMPLE, GO TO **BOX ST64C**. IF EXIT 40 SAMPLE, GO TO
	     NEXT SECTION.
	     OTHERWISE, SKIP TO **BOX ST56**.

BOX ST56	IF AMOUNT REMAINING IS MISSING, SKIP TO ST61. IF AMOUNT REMAINING NOT MISSING, SKIP TO ST58.

ST57 AND **BOX ST57** OMITTED.

ST58.   [(MEDICARE/MSN) 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	IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND OR ST58=-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 **BOX ST64C** IF NOT EXIT 40 SAMPLE. GO TO NEXT SECTION IF CASE IS EXIT 40 SAMPLE.

BOX ST58	a. SET FLAG THAT ST58 WAS CODED 3. SET ST58 TO -1. b. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST56 OR ST60 OR ST52c (ON THIS OR A PREVIOUS STATEMENT SERIES FOR THIS CLAIM NUMBER), SKIP TO ST60. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52, GO TO ST59. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52a, GO TO ST59a. IF CURRENT AMOUNT REMAINING WAS ENTERED AT ST52b, GO TO ST59b.

---

*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 (PREVIOUS) STATEMENT:
        [MAKE CORRECTIONS AS NECESSARY.]

TOTALCHG   A. TOTAL CHARGE/BILLED AMOUNT: .... $xxxxxxxxx $_____

MCAPPAMT   B. TOTAL MEDICARE APPROVED AMOUNT: .... $xxxxxxxxx $_____

MCPAYAMT   C. TOTAL MEDICARE PAYMENT: .... $xxxxxxxxx $_____

MCREDPCT   D. MEDICARE PAYMENT REDUCTION: .... xxxxxxxxx% $_____

NOCOVAMT   E. NONCOVERED SERVICE (INCLUDING NO PART B AND
        TOO MANY SERVICES) .... $xxxxxxxxx $_____

OTHERAMT   F. OTHER REASON (INCLUDING DUPLICATE CHARGE,
        "PROVIDER AGREED TO BILL" AND REQUEST
AREMAING   TO RESUBMIT) .... $xxxxxxxxx $_____

ARCALFLG   G. AMOUNT REMAINING AFTER MEDICARE PAYMENT .... $XXXXXXX

CHANGAMT   DO YOU WANT TO MAKE ANY CHANGES?

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

BOX ST59	a. IF ANY CHANGES MADE IN ST59, RECALCULATE AMOUNT REMAINING, USING RULES IN **BOX ST54**.
	b. IF AMOUNT REMAINING NOT MISSING AND < $1.00, GO TO **BOX ST64C** IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO **BOX ST56**.

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

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

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

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

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

CHANGAMT   DO YOU WANT TO MAKE ANY CHANGES?

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

ST59b. THESE AMOUNTS WERE ENTERED FROM THE (PREVIOUS) STATEMENT:
[MAKE CORRECTIONS AS NECESSARY.]

DAYSUSED   (A. BENEFIT DAYS USED: xxx   _____DAYS)

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

NONCOVRD   C. NON-COVERED CHARGES: .... $xxxx.xx $_____

COINSUR   D. (DEDUCTIBLE AND COINSURANCE/COINSURANCE) .... $xxxx.xx $_____

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

CHANGAMT   DO YOU WANT TO MAKE ANY CHANGES?

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

BOX ST59A	a. IF ANY CHANGES MADE IN ST59a OR ST59b, RECALCULATE AMOUNT REMAINING, USING RULES IN **BOX ST53A**. b. IF AMOUNT REMAINING NOT MISSING AND < $1.00, GO TO **BOX ST64C** IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. IF AMOUNT REMAINING = MISSING, GO TO ST61. IF AMOUNT REMAINING NOT = MISSING AND > $1.00, GO TO ST58.

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	YES	1	(RE-ENTER G); **BOX ST60**
STDATQNO	N0	2	**BOX ST60**

BOX ST60	a. IF ANY CHANGES MADE IN ST60, SET AMOUNT REMAINING TO AMOUNT ENTERED IN ST60. b. IF AMOUNT REMAINING NOT MISSING AND < $1.00, GO TO **BOX ST64C**, IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION. OTHERWISE, RETURN TO **BOX ST56**.

ST61 is for charge bundles with missing amount remaining.

ST61.   [(MEDICARE/MSN) CLAIM CONTROL NUMBER: XXXX]
          (INSURANCE CLAIM CONTROL NUMBER: XXXX)
          (PROVIDER: XXXX)
          TOTAL CHARGE = $(TOTAL CHARGE)

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

(Besides Medicare,) (have you/has SP) 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 ***BOX ST64C*** IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS EXIT 40 SAMPLE, GO TO NEXT SECTION.

ST62.   (REFER TO INSURANCE STATEMENT.)
       TOTAL CHARGE = $(TOTAL CHARGE)

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

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

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

PAYMISHI

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

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-HI10b. IF ST63=2 OR 5, ASK HI13-HI16. IF ST63=3, ASK HI21-HI33c. IF ST63 = 7, GO TO *BOX ST62A*. 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 ST62A	IF MEDICARE HMO ADDED AND NO OTHER MEDICARE HMO IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.

BOX ST63	a. IF AMOUNT REMAINING IS MISSING OR ALL PAYMENT AMOUNTS IN ST62 ARE DK OR REFUSED OR COMING FROM ST66, SKIP TO *BOX ST64*. b. IF AMOUNT REMAINING NOT MISSING BUT ANY ST62 AMOUNT = -7 OR -8 AND IF THE TOTAL OF ALL NON-MISSING ST62 AMOUNTS = OR GREATER THAN THE AMOUNT REMAINING, GO TO ST65a. c. 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.   TOTAL CHARGE = $(TOTAL CHARGE)

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.   TOTAL CHARGE = $(TOTAL CHARGE)

AMOUNT REMAINING (AFTER MEDICARE PAYMENT) .... $XXXXXXXXXXXX

SP/FAMILY .... $XXXXXXXXXXXX

SOP 1.. $XXXXXXXXXXXX

TOTAL OF NON-MEDICARE PAYMENTS $XXXXXXXXXXXX

AMOUNT OVERPAID $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*

ST65a.   TOTAL CHARGE = $(TOTAL CHARGE)

        AMOUNT REMAINING (AFTER MEDICARE PAYMENT) .... $XXXXXXXXXXX

        SP/FAMILY .... $XXXXXXXXXXX

        SOP 1.. <u>$XXXXXXXXXXX</u>

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

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

ST66.   TOTAL CHARGE = $(TOTAL CHARGE)

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

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

     AMOUNT REMAINING $xxxxxxxxxxx

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

OSOPTEXT

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

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

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

EXPPAYBK

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

BOX
ST64B
	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, -1, -7 OR -8 AND EVENT COLLECTED IN PREVIOUS ROUND
	      OR COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND,
	      GO TO ***BOX CPS11***.
	OTHERWISE, GO TO ***BOX ST64C*** IF CASE IS <u>NOT</u> EXIT 40 SAMPLE. IF CASE IS
	EXIT 40 SAMPLE, GO TO NEXT SECTION.

ST68. OMITTED.

BOX ST64C	IF ST3a = 1, OR 4-7, GO TO ST68a. IF ST3a = 2 OR 3, GO TO ST68b. IF ST3 = 2, GO TO ST68a.

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

TEMP

YES 1 (ST3)
NO 2 (ST68b)

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

TEMP

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.

ST69.   YOU HAVE COMPLETED ENTERING CURRENT ROUND CHARGE INFORMATION FOR THIS CASE.

[PRESS ENTER TO CONTINUE.]

BOX ST66.	GO TO **BOX CPS1**.

ATTACHMENT ST1

MEDICAL PROVIDER TYPE LIST

1	DENTIST/DENTAL PROVIDER
2	MEDICAL DOCTOR
3	AUDIOLOGIST
4	CHIROPRACTOR
5	CLINICAL SOCIAL WORKER
6	DIETITIAN-NUTRITIONIST
7	HEARING THERAPIST
8	HOME HEALTH/HEALTH AIDE
9	HOMEMAKER
10	HOSPICE WORKER
11	I.V. THERAPIST
12	NURSE (RN)
13	NURSE PRACTITIONER
14	NURSE'S AIDE
15	OCCUPATIONAL THERAPIST (OT)
16	OPTOMETRIST (OD)
17	OSTEOPATH (DO)
18	PARAMEDIC
19	PHYSICAL THERAPIST (PT)
20	PHYSICIAN'S ASSISTANT
21	PODIATRIST (FOOT DOCTOR)
22	PSYCHOLOGIST
23	RESPIRATORY THERAPIST
24	SOCIAL/CASE WORKER
25	SPEECH THERAPIST
26	THERAPIST (MENTAL HEALTH)
27	X-RAY TECHNICIAN
28	LICENSED PRACTICAL NURSE (LPN)
91	OTHER MEDICAL PROVIDER SPECIALTY (SPECIFY)