MCBS MAIN STUDY - ROUND 28, FALL 2000

COMMUNITY COMPONENT

CT. INTERRUPT

Disable Interrupt entirely for exiting SPs where previous interview was <u>not</u> skipped. Otherwise:

Display entire Interrupt menu. Options 2 through 99 should be accessible for all interview types except Type 3. Options 6, 7, 8, 9, 10 and 11 should not be accessible for Type 3 cases (New Sample). If these options attempted for Type 3 interview, display message, "THIS OPTION NOT AVAILABLE FOR SUPPLEMENTAL CASES."

This menu should be accessible to the interviewer except during sections UPD, IR, ST, NS, or CPS. If access is attempted while the interviewer is in ST, NS, or CPS, display the error message: "CTRL/I ALLOWED AFTER THE COMPLETION OF ALL CHARGE SECTIONS." If access is attempted while interviewer is in UPD or IR, display general message indicating Interrupt disabled.

Do not allow Option 11 to be selected before applicable charge sections are completed. If access is attempted, display message, "COMPLETE ALL CHARGE SECTIONS BEFORE ADDING A REIMBURSEMENT/REFUND." on the Interrupt menu. Allow access to Option 11 when all applicable charge sections (ST, NS, and/or CPS) for the case have been completed.

Note: If an event goes to NS from Interrupt and this is SP's exit interview, follow skip patterns to CPS questions before returning to Interrupt menu.

INTERRUPT MENU

        TO REVIEW OR MAKE CORRECTIONS OR ADDITIONS TO:

  2.   Person Roster

  3.   Health Insurance Plans

  4.   Providers

  5.   Conditions

  6.   All Events (Review Only)

  7.   Visits/Stays

  8.   Other Medical Expenses

  9.   Prescribed Medicines

 10.   Statement Charge Bundles

 11.   Reimbursement/Refund

 99.   Return to Questionnaire

If options 2-11 entered, display the appropriate screen(s) as described below.

CT. INTERRUPT

9/26/00 – last revised
MCBS Comm. (Round 28 Main)

INT2.

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Option 2:  PERSON ROSTER


YOU CAN REVIEW ROSTER OR CORRECT SPELLING OR RELATIONSHIP HERE.

        TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER.

        TO ERASE AN X, PRESS SPACE BAR.

        TO LEAVE SCREEN, PRESS ESC.

        FIRST NAME              LAST NAME          RELATIONSHIP     SEX        IN HH

        (SP's FIRST NAME)    (SP'S LAST NAME)          (SP)         (SP'S SEX)    YES

                            (AND DISPLAY AS APPLICABLE:)

        (PERSON NAME)                            (RELAT. TO SP)  (PERSON'S SEX) (IN HH)

        (PERSON NAME)                            (RELAT. TO SP)  (PERSON'S SEX) (IN HH)

        (PERSON NAME)                            (RELAT. TO SP)  (PERSON'S SEX) (IN HH)

(RELATIONSHIP CODES:)
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When ESC selected, check that all fields are complete and consistent - display error messages if not, allow correction and then return to Interrupt Menu.

INT3.

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                OPTION 3:  HEALTH INSURANCE PLANS

        PLANS AS OF (PREVIOUS/THIS) ROUND, MONTH, DAY, YEAR

    YOU CAN REVIEW ROSTER (CORRECT, OR ADD PLAN NAMES) HERE

            TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER.

            TO ERASE AN X, PRESS SPACE BAR.  TO ADD A PLAN, PRESS CTRL/A.

            TO LEAVE SCREEN, PRESS ESC.

            MEDICARE                CURRENT

                    (AND DISPLAY AS APPLICABLE:)

    (NAME OF INSURANCE PLAN)            [CURRENT/STOPPED (DATE STOPPED)]

    (NAME OF INSURANCE PLAN)            [CURRENT/STOPPED (DATE STOPPED)]
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When ESC selected, return to Interrupt Menu.

CT. INTERRUPT

9/26/00 – last revised
MCBS Comm. (Round 28 Main)

CT31.

WHAT TYPE OF HEALTH INSURANCE PLAN NEEDS TO BE ADDED?

1.   MEDICAID/MEDICAID MANAGED CARE PLAN

2.   OTHER PUBLIC PROGRAM OTHER THAN MEDICAID

3.   PRIVATE HEALTH INSURANCE PLAN

4.   MEDICARE MANAGED CARE PLAN

(   )

Set flag to indicate insurance plan created in Interrupt.

If CT31=1, display questions HI6 through HI10d. After HI10d response entered, return to Interrupt Option 3 screen, with MEDICAID/MEDICAID MANAGED CARE PLAN displayed as the last plan.

If CT31=1 and Medicaid already on plan roster, display message: "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR CTRL/B."

If CT31=2, display questions HI12 through HI16a. More than one plan name can be entered at HI12. Go through HI13-HI16a for each plan name just entered at HI12. After the last appropriate question has been responded to in that series, return to Interrupt Option 3 screen, with the new public plan name(s) displayed as the last plan(s).

If CT31=3, display questions HI20 through HI33c. More than one insurance plan name can be entered at HI20; go through HI21-HI33c for each plan name just entered at HI20. After the last appropriate question has been responded to in that series, return to Interrupt Option 3 screen, with the new private plan name(s) displayed as the last plan(s).

If CT31=4, and no other Medicare Managed Care plan is current, go to HIMC3. Otherwise, go to HIMC4.

INT4.

OPTION 4: PROVIDERS

YOU CAN REVIEW ROSTER OR CORRECT SPELLING HERE.

TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER.

TO ERASE AN X, PRESS SPACE BAR.

TO LEAVE SCREEN, PRESS ESC.

(NAME OF PROVIDER)

(NAME OF PROVIDER)

(NAME OF PROVIDER)

When ESC selected, return to Interrupt Menu.

3

CT. INTERRUPT

9/26/00 – last revised
MCBS Comm. (Round 28 Main)

INT5.

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                        OPTION 5:  CONDITIONS


        YOU CAN REVIEW ROSTER OR CORRECT SPELLING HERE.


        TO CORRECT SPELLING, USE ARROW KEYS, PRESS X, PRESS ENTER.

        TO ERASE AN X, PRESS SPACE BAR.

        TO LEAVE SCREEN, PRESS ESC.



                        (NAME OF CONDITION)

                        (NAME OF CONDITION)

                        (NAME OF CONDITION)
```

When ESC selected, return to Interrupt Menu.

INT6.

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            YOU HAVE ENTERED THROUGH SECTION (XX) FOR THIS ROUND.

                    OPTION 6:  EVENTS REPORTED THIS ROUND

                          Events Reported for (SP)


                    YOU CAN ONLY REVIEW EVENTS HERE.

        PROVIDER(S):
                (PROVIDER'S NAME)     (TYPE OF EVENT)       [EVENT DATE(S)]

        OTHER MEDICAL EXPENSES:
                (ONE ITEM)            [DATE/(X) PURCHASES]

        PRESCRIBED MEDICINES:
                (MEDICINE NAME)       (X)  PURCHASES


            [PRESS ENTER TO DISPLAY REMAINING EVENTS OR TO EXIT.]
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OPTION 7

MEDICAL VISITS/STAYS

This option should be accessible to the interviewer for review throughout the interview (except during charge series). However, additions or corrections should only be allowed after the DU section. If Option 7 is entered before DU is completed, display error message "COMPLETE AT LEAST ONE PROVIDER SECTION BEFORE MAKING ADDITIONS HERE."

Display provider roster. If roster is empty, display only instruction for leaving the screen. Display all instructions if one or more entries appear in the roster. If no providers reported for this SP, go to CT71a.

Disallow more than one entry. If more than one entry is attempted, display error message: "ONLY ONE PROVIDER CAN BE ENTERED AT THIS SCREEN."

Disallow CTRL/D.

Disallow DK and REF.

BOX CT71	IF ESC USED AND NO PROVIDER HAS BEEN SELECTED (I.E., X'ED), RETURN TO INTERRUPT MENU. OTHERWISE GO TO CT72.

CT71a.   NO PROVIDERS HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD A PROVIDER?

                         YES 1 (CT71)
                         NO.. 2 (INTERRUPT MENU)

CT72.

OPTION 7: MEDICAL VISITS/STAYS
PROVIDER: xxxxxxxxx YOU CAN REVIEW ROSTER, CORRECT, OR ADD DATES HERE. IF TYPE IS IP AND SP STILL IN HOSPITAL, ENTER 95 FOR MONTH IN STOP DATE. TO CORRECT DATE, USE ARROW KEYS, PRESS X, PRESS ENTER. TO ERASE AN X, PRESS SPACE BAR. TO ADD A DATE, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC.

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

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 PROFESSIONAL (HHP) 9=OTHER HOME HEALTH (AIDES, HOMEMAKERS, ETC.) (OHH) 10=ALL OTHER VISITS TO MEDICAL PROVIDERS (MP)

BOX CT72	IF HH EVENT ADDED AND INTERVIEW TYPE IS 1, 4, 5, OR 9, GO TO CT72A. IF HH EVENT ADDED AND INTERVIEW IS TYPE 2 OR 3, EVENT GETS CURRENT ROUND DATE AND SKIPS CT72a. OTHERWISE, GO TO *BOX CT72A*.

CT72a.   WHICH REFERENCE PERIOD IS THE HOME HEALTH EVENT FOR?

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 - TODAY) (CURRENT ROUND)   3

BOX CT72A	IF DATE ADDED, GO TO CT73 UNLESS 95 ENTERED FOR STOP DATE OR
	    EVENT TYPE ENTERED = 7. OTHERWISE, RETURN TO INTERRUPT MENU.
	IF EVENT TYPE 1 OR 2 ENTERED AND CHARGE SERIES COMPLETED FOR THIS
	    ROUND, GO TO NS1. IF CHARGE SERIES NOT YET COMPLETED, EVENT
	    TYPES 1 AND 2 SHOULD BE PROMPTED FOR IN NS.
	SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN INTERRUPT.

CT73.   Before we continue, I would like to ask you a few questions about the visit(s) I just added.

[PRESS ENTER TO CONTINUE.]

GO TO BOX ST7

6

INT8.

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│                    OPTION 8:  OTHER MEDICAL EXPENSES                         │
│                                                                             │
│     YOU CAN REVIEW ROSTER, CORRECT DATES, OR ADD OTHER MEDICAL EXPENSES HERE.│
│             [ENTER "95" IN MONTH FIELD IF ALTERATION NOT COMPLETED.]         │
│                                                                             │
│   (R)  (NAME OF ITEM)   START DATE   STOP DATE    [(X) purchases]  ROUND     │
│                                                                   R(XX)     │
│   (R)  (NAME OF ITEM)   START DATE   STOP DATE    [(X) purchases]  ROUND     │
│                                                                   R(XX)     │
│                                                                             │
│              TO CORRECT DATE/NUMBER OF PURCHASES, USE ARROW KEYS,            │
│              PRESS X, PRESS ENTER.                                           │
│                                                                             │
│              TO ADD AN ITEM, PRESS CTRL/A.                                   │
│              TO ERASE AN X, PRESS SPACE BAR.                                 │
│              TO LEAVE SCREEN, PRESS ESC.                                     │
│                                                                             │
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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

a.   When ESC entered, if any added OME type = 3 (orthopedic item) and subcategory is 24, 25, 26 or 91, go to OM6a.
       Then go to b. If any added OME type is 8, and subcategory is 52, go to OM19b. Then go to b. If any added OME
       type is 9 and subcategory is 62, go to OM21b. Then go to b.

       If CTRL/A and SP has any Medicare, Medicaid, or private managed care plan 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 b.

b.   If both Statement and No Statement have been completed for this round, go to NS1 for any Other Medical Expenses
       added through CTRL/I except where OME type=7 and event date=95. Return to Interrupt Menu after charges
       collected. If No Statement not completed, any items added through CTRL/I, except OME type=7 where event
       date=95, should be prompted for in the No Statement series. If no items added here or OME type=7 and event
       date=95, return to Interrupt menu when ESC entered.

Set flag to note that event was collected in CTRL/I.

CT. INTERRUPT

9/26/00 – last revised
MCBS Comm. (Round 28 Main)

CT81a.   NO OTHER MEDICAL EXPENSES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD AN OTHER
MEDICAL EXPENSE?

YES .... 1 *BOX CT81*
NO .... 2 *BOX CT81*

BOX CT81	IF 1 AND OM SECTION ALREADY COMPLETED, GO TO OM ROSTER SCREEN. IF 1 AND OM SECTION NOT COMPLETED, DISPLAY ERROR MESSAGE: "COMPLETE THIS ROUND'S OTHER MEDICAL EXPENSE SECTION BEFORE ADDING AN OME HERE." IF 2, RETURN TO INTERRUPT MENU.

INT9.

	OPTION 9: PRESCRIBED MEDICINES

TO CORRECT SPELLING/NUMBER OF PURCHASES, USE ARROW KEYS, PRESS X, PRESS
ENTER. TO ERASE AN X, PRESS SPACE BAR TO ADD A MEDICINE, PRESS CTRL/A. TO LEAVE
SCREEN, PRESS ESC.

NUMBER OF (RXX)

MEDICINE	PURCHASES	PREV. RND. PURCHASES
X XXXXXX	XX	(YES/NO)
X XXXXXX	XX	(YES/NO)
X XXXXXX	XX	(YES/NO)
X XXXXXX	XX	(YES/NO)

When ESC entered, if medicine(s) added or number of purchases changed from 0 to a number > or = 1 or
Missing, go to **BOX CT91A1**. If number of purchases changed from DK to a number > or = 1, then go to **BOX
CT91**.

BOX CT91A1	IF SP HAS USED V.A. FACILITIES (HI36=1), GO TO CT90aa. IF SP HAS NOT USED V.A. (HI36=2 OR MISSING), GO TO **BOX CT91AA**.

CT90aa.   Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of
Veterans Affairs or V.A.?

PMSATVA

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

BOX CT91AA	IF MANAGED CARE PLAN (MEDICARE, MEDICAID, OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO CT90. IF NO MANAGED CARE PLAN WAS IN EFFECT DURING THE CURRENT ROUND, GO TO CT91.

CT. INTERRUPT

9/26/00 – last revised
MCBS Comm. (Round 28 Main)

CT90.   Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include obtaining the purchases at a managed care plan pharmacy; at a pharmacy that honors (your/SP's) plan card; or through a mail order service that the managed care plan referred (you/SP) to.]

[DISPLAY ALL MANAGED CARE PLAN NAMES]

PMSATHMO   YES   1
                               NO   2

CT91.   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), container(s), or bag(s) for the medicine(s) you've just told me about.]

[PRESS ENTER TO CONTINUE.]

| *GO TO BOX CT91.* |

CT91a.   NO PRESCRIBED MEDICINES HAVE BEEN ENTERED FOR (SP). DO YOU WANT TO ADD A MEDICINE?

                               YES ....   1 *BOX CT91A*
                               NO ....   2 *BOX CT91A*

BOX CT91A	IF 1 AND PM SECTION ALREADY COMPLETED, GO TO PM ROSTER SCREEN. THEN GO TO **BOX CT91A1**. IF 1 AND PM SECTION NOT COMPLETED, DISPLAY ERROR MESSAGE: "COMPLETE THIS ROUND'S PRESCRIBED MEDICINE SECTION BEFORE ADDING A MEDICINE HERE AND RETURN TO INTERRUPT MENU." IF 2, RETURN TO INTERRUPT MENU.

BOX CT91	a.	GO TO **BOX PM1B** FOR EACH MEDICINE ADDED OR WHERE NUMBER OF PURCHASES CHANGED FROM 0 TO A NUMBER $\geq$ 1, DK, OR REF AT CTRL/I. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CTRL/I.
	b.	THEN, IF CHARGE SERIES (STATEMENT, NO STATEMENT, CPS) COMPLETED FOR THIS ROUND, GO TO **BOX NS2** FOR EACH MEDICINE ADDED THROUGH CTRL/I WHERE NUMBER OF PURCHASES IS > 0 OR CHANGED FROM DK TO A NUMBER > 0.
	c.	RETURN TO INTERRUPT MENU AFTER CHARGES COLLECTED.

OPTION 10

STATEMENT CHARGE BUNDLES

INT10.

OPTION 10: STATEMENT CHARGE BUNDLES

(NO STATEMENT CHARGE BUNDLES HAVE BEEN ENTERED FOR THIS INTERVIEW/THE FOLLOWING STATEMENT CHARGE BUNDLES WERE ENTERED DURING THIS INTERVIEW:) ([REVIEW ONLY.])

1.   [MEDICARE CLAIM CONTROL NUMBER: XXXXXX]
        [INSURANCE CLAIM CONTROL NUMBER: XXXXXX]
        [MSN CLAIM CONTROL NUMBER: XXXXXX]

        PROVIDER(S):
        NAME   TYPE   DATE (TO DATE)ROUND   (ORP)
        etc.   R(XX)

        OTHER MEDICAL EXPENSES:
        ITEM   DATE OR   (ROUND)   (ORP)
        etc.   NUMBER OF PURCHASES   R(XX)

        PRESCRIBED MEDICINES:
        NAME   NUMBER OF PURCHASES
        etc.

2.   MEDICARE CLAIM CONTROL NUMBER: XXXXXX]
        [INSURANCE CLAIM CONTROL NUMBER: XXXXXX]
        [MSN CLAIM CONTROL NUMBER: XXXXXX]

        PROVIDER(S):
        NAME   TYPE   DATE (TO DATE)ROUND   (ORP)
        etc.   R(XX)

        OTHER MEDICAL EXPENSES:
        ITEM   DATE OR   (ROUND)   (ORP)
        etc.   NUMBER OF PURCHASES   R(XX)

        PRESCRIBED MEDICINES:
        NAME   NUMBER OF PURCHASES
        etc.

3.   etc.

            (DO YOU WANT TO ADD A STATEMENT?)

                        (   )
                        1. YES
                        2. NO

If 1 entered, go to ST3. After statements have been entered, return to Interrupt Menu.

If 2 entered, go to Interrupt Menu.

SOME ADDITIONAL COMMENTS
ON
INTERRUPT - OPTION 10

1.   **Complexities of adding new statements at any point during the interview.** Since there are a number of
      problems around the presentation and treatment of adding a statement any time prior to the end of the Charge/
      Payment Summary, interviewers will not be allowed to add a statement any time they want (or for that matter, use
      CTRL/I during section ST, NS or CPS). New statements/charge bundles cannot be added during the Statement
      series (the initial time through), the No Statement series, or the Charge/Payment Summary. Through Interrupt Option
      10, the interviewer will be allowed to enter a statement after completing the Charge/Payment Summary. In addition,
      we have added a code option to NS1 that will allow the interviewer to enter a statement if one is produced as a result
      of the event prompt. Specifically, the new codes and skips for interviewer selection at NS1 are:

      YES   1   (NSINTRO1/NSEND)
      NO   2   (BOX NS2A)
      EVENT ENTERED IN ERROR   3   (NS1aa)
      HAVE STATEMENT FOR EVENT   4   (ST3)
      REFUSED ....   -7   (BOX NS2A)
      DON'T KNOW ....   -8   (BOX NS2A)

2.   **Linking a No Statement event to a statement charge bundle.** By adding the code "HAVE STATEMENT FOR
      EVENT" to NS1, we will now be able to handle this situation. If, during the event prompt the interviewer realizes that
      an event should have been part of a Statement charge bundle, s/he should enter 4 at NS1. At ST3, the interviewer
      will go through the Statement series for this claim number again, this time correcting the events within the charge
      bundle.

3.   **Discovering an entry error in amounts.** The interviewer will not be able to change a specific amount associated
      with a charge bundle by using Interrupt. Instead, the interviewer will use the following procedures to make
      corrections to amounts. If an error in amount entered is discovered:

      -      during the Statement series while still in that particular charge bundle, s/he should back up to the appropriate
             screen and make the correction.

      -      during the Statement series, but not while still in that particular charge bundle, s/he should enter the
             statement again (keep in mind that the bundling of events will be handled as a review for this scenario).

      -      after the No Statement series has been completed, s/he should enter 1 at NSEND.

      -      during the No Statement series, but not while still in that particular charge bundle or after the No Statement
             series has been completed, s/he will record the information in Comments. Since this type of error is not likely
             to occur (currently there is no documentation or review to prompt the interviewer's change), it is not worth the
             effort of incorporating the ability to change an incorrect amount into the Interrupt function.

OPTION 11: REFUND/REIMBURSEMENT

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

                                YES ....   (CPS18)
                                NO ....   *BOX CPS14*

CPS18.   SELECT SOURCE, ENTER REIMBURSEMENT/REFUND AMOUNT.

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

                                                               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)?]

                          MEDICAID/MEDICAID MANAGED CARE
                             PLAN ....   1 *BOX CPS13*
                          OTHER PUBLIC PLAN
                          (OTHER THAN MEDICAID) ....   2 *BOX CPS13*
                          PRIVATE HEALTH INSURANCE PLAN........   3 *BOX CPS13*
                          NOT A HEALTH INSURANCE PLAN
                          (INCLUDING VA) 4 (CPS20)
                          MILITARY PLAN OTHER THAN VA 5 (CPS20)
                          NOT SP'S INSURANCE PLAN (PLAN
                          BELONGS TO SOMEONE ELSE) 6 (CPS20)
                          MEDICARE MANAGED CARE PLAN ....   7 *BOX CPS13A*
                          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 - HI10d. IF CPS19 = 2, ASK HI13-HI16a. IF CPS19 = 3, ASK HI21-HI33c. b. ADD SOP TO HI ROSTER. SET FLAG THAT PLAN WAS COLLECTED IN SOP ROSTER.

BOX CPS13A	IF MEDICARE MANAGED CARE PLAN ADDED AND NO OTHER MEDICARE MANAGED CARE PLAN IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.

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

[PRESS CTRL\L TO LEAVE SCREEN.]

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

SEPARATELY BILLING LAB (SBL) 1
SEPARATELY BILLING DOCTOR (SBD).. 2
DENTAL (DU) 3
HOSPITAL EMERGENCY ROOM (ER).. 4
HOSPITAL INPATIENT STAY (IP).. 5
HOSPITAL OUTPATIENT VISIT (OP) 6
INSTITUTIONAL STAY (IU) 7
HOME HEALTH PROFESSIONAL (HHP)... 8
OTHER HOME HEALTH (OHH) 9
OTHER VISITS TO MEDICAL PROVIDERS (MP)................................... 10
OTHER MEDICAL EXPENSES (OM) 11
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.

13