

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through email at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

# **Medicare Current Beneficiary Survey**

Section Specifications for R61 STQ 2011

CHARGE QUESTIONS (STATEMENT SERIES)

Created on 10/27/2011 5:02:50 PM

# BOX STBEG

## **BOX INSTRUCTIONS**

IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND) ST1 - MHMOSTMT.

ELSE GO TO ST2 - MCSAVAIL.

# ST1

Code 1

## **QUESTION TEXT**

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, any insurance company, or TRICARE.

[Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.]

Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements].

## **FIELD 1: MHMOSTMT**

### **FIELD 1 ROUTING**

| Value | Label      | Route          |
|-------|------------|----------------|
| 1     | ALWAYS     | ST2 - MCSAVAIL |
| 2     | SOMETIMES  | ST2 - MCSAVAIL |
| 3     | NEVER      | BOX STEND      |
|       | Don't Know | ST2 - MCSAVAIL |
|       | Refused    | ST2 - MCSAVAIL |

### **FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MHMOSTMT | 1               |

# ST2

Yes/No

## QUESTION TEXT

[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 costs were paid by Medicare, any insurance company, or TRICARE.]

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

[PROBE IF NECESSARY: Please include any statements received about [your/(SP's)] Medicare prescription drug benefit.]

## FIELD 1: MCSAVAIL

### FIELD 1 ROUTING

| Value | Label      | Route         |
|-------|------------|---------------|
| 1     | YES        | ST3 - STHIREP |
| 2     | NO         | BOX STEND     |
|       | Don't Know | BOX STEND     |
|       | Refused    | BOX STEND     |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| HRND.MCSAVAIL | 1               |

# ST3

No Entry

## QUESTION TEXT

BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP.

## FIELD 1: STHIREP

### FIELD 1 ROUTING

| Value | Label    | Route         |
|-------|----------|---------------|
| 1     | CONTINUE | ST4 - MATCHST |
|       | Empty    | ST4 - MATCHST |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display all insurance plans SP reported being covered by in the current round or in the previous round in the following order:

First line:

If SP was covered by a Medicare Managed care plan, display name of this Medicare Managed care plan.

Else display "MEDICARE" for the Medicare plan.

Next list Medicaid, Tricare, all Public Plans, all Private Plans and all Medicare Prescription Drug Plans. If there is more than one plan of any type, display in order of entry.

Report header: PLANS DISCUSSED AT THIS POINT OF THE INTERVIEW

Report layout:

Column 1, header="Plan Name", display PLAN.PLNAME.

Column 2, header="Plan Type", display PLAN.PLANTYPE:

If PLANTYPE=1/Medicare, display "MCAR".

If PLANTYPE=2/Medicaid, display "MCAD".

If PLANTYPE=3/PublicPlan, display "PUBL".

If PLANTYPE=4/PrivatePlan, display "PRIV".  
If PLANTYPE=5/MHMO, display "MHMO".  
If PLANTYPE=6/Tricare, display "TRIC".  
If PLANTYPE=7/MPDP, display "MPDP".

# ST4

No Entry

**QUESTION TEXT**

[MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).]

[SELECT "MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT" AT THE NEXT SCREEN FOR ALL STATEMENTS FROM THE SP'S "(MHMO)" PLAN OR "(MPDP)" PLAN THAT REPORT PRESCRIPTION DRUG CLAIMS.]

**FIELD 1: MATCHST****FIELD 1 ROUTING**

| Value | Label    | Route                 |
|-------|----------|-----------------------|
| 1     | CONTINUE | ST5 - ST_CHARGEbundle |
|       | Empty    | ST5 - ST_CHARGEbundle |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# ST5

## Roster

### **QUESTION TEXT**

ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT) BUNDLE OF EVENTS.

ADD ONE CHARGE BUNDLE AT THIS ROSTER.

### **FIELD 1: ST\_CHARGEBUNDLE**

#### **FIELD 1 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST5A |

#### **FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### **OTHER PROGRAMMING INSTRUCTIONS**

#### **ROSTER/GRID INSTRUCTIONS**

Display all current round Charge Bundles already entered in the Statement Series.

Display in order of entry.

Display all loaded Charge Bundles as protected rows.

Note: Completed Charge Bundles loaded at ST5 should be protected and not preselected. The interviewer must add a new charge bundle at ST5 before being able to continue. The interviewer should not be able to select an existing charge bundle and make updates to the charges already collected.



**ROSTER/GRID DISPLAY**

| Column # | Header                     | Instructions  |
|----------|----------------------------|---|
| 1        | Bundle #                   | Display COST.COSTNUM.   |
| 2        | Statement Source(s)        | Display COST.STTYPE response text.  |
| 3        | MSN Claim Type             | Display COST.MCARTYPE response text.  |
| 4        | Claim Control #<br><br>MSN | Display "Claim Control #" above columns 4,5,6.<br><br>If (COSA.MSNCLNUM ^= empty and COSA.MSNCLNUM ^= DK), display first five digits of COSA.MSNCLNUM.<br>Else if COSA.MSNCLNUM = DK, display "DK".<br>Else do not display. |
| 5        | INS                        | If (COST.INSCLNUM ^= empty and COST.INSCLNUM ^= DK), display first five digits of COST.INSCLNUM.<br>Else if COST.INSCLNUM = DK, display "DK".<br>Else do not display.   |
| 6        | TRI                        | If (COST.TRICLNUM ^= empty and COST.TRICLNUM ^= DK), display first five digits of COST.TRICLNUM.<br>Else if COST.TRICLNUM = DK, display "DK".<br>Else do not display.   |
| 7        | RX BEGIN DATE              | Display (MPDP SERVICE START DATE)   |

**BACKGROUND VARIABLE ASSIGNMENTS**

Charge Bundle details will be collected on COST and CORO:

COST key = COST.COSTBASE + COST.COSTNUM

COST.COSTNUM = Number of charge bundle generated at ST5.

For charge bundles added, see STATEMENT CHARGE BUNDLE POP-UP specifications for

pop-up window programming instructions.

Variables populated:

|               |                                 |
|---------------|---------------------------------|
| COST.COSTNUM  | Charge Bundle COST Number       |
| COST.COSTRND  | Current Round                   |
| COST.COSTTYPE | 1/ST                            |
| COST.MCREDPCT | 0                               |
| COST.STTYPE   | Statement Type Reported at ST5. |
| COST.MCARTYPE | MSN Type                        |
| CORO.COROCOST | Charge Bundle COST number       |
| CORO.CORORND  | Current Round                   |
| CORO.COROTYPE | 1/ST                            |
| BASE.LASTCOST | Highest COST.COSTNUM.           |

NOTE: COST.STATTYPE is set at BOX ST5B based on ST5 - COST.STTYPE and ST5A - COST.PDPTYPE.

## DESIGN NOTES

ST5 is called from NS and CPS when SP reports having a statement.

# BOX ST5A

## **BOX INSTRUCTIONS**

IF ST5 – STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE.

ELSE GO TO BOX ST5B.

# ST5A

Code 1

**QUESTION TEXT**

SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE.

**FIELD 1: PDPTYPE****FIELD 1 ROUTING**

| Value | Label   | Route    |
|-------|---|----------|
| 1     | MEDICARE PRESCRIPTION DRUG<br>BENEFIT STATEMENT | BOX ST5B |
| 2     | MEDICARE ADVANTAGE<br>STATEMENT                 | BOX ST5B |
| 3     | TRICARE STATEMENT                               | BOX ST5B |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.PDPTYPE  | 1               |

# BOX ST5B

## **BOX INSTRUCTIONS**

SET STATEMENT TYPE.

GO TO BOX ST5.

| Variable Name | Assignment Instructions   |
|---------------|---|
| STATTYPE      | If ST5A-PDPTYPE asked in the current round and (ST5-STTYPE = 8/MPDPorMAorTricare and (ST5A- PDPTYPE = 1/MPDP or 2/MedAdvantage))), set COST.STATTYPE = 8/MPDPBenefit. |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |

# BOX ST5

## **BOX INSTRUCTIONS**

IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM.

ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSCLNUM.

ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM.

ELSE GO TO ST11B - PDPBEGMM.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

BOX ST5 routes all statements where ST5 - STTYPE = 8/MPDPorMAorTricare to ST11B, including charge bundles where COST.STATTYPE = 4/Tricare.

# ST7

Text

## **QUESTION TEXT**

ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH ONE CLAIM TOTAL.

IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER "DON'T KNOW".

DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS.

## **FIELD 1: MSNCLNUM**

### **FIELD 1 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST7 - MSNCLNM2 |
|       | Don't Know           | ST7 - MSNCLNM2 |

### **FIELD 1 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| COSA.MSNCLNUM<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSNCLNUM | 1               |

## **FIELD 2: MSNCLNM2**

### **FIELD 2 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST7 - MSNCLNM3 |
|       | Empty                | BOX ST7        |

| Value | Label      | Route          |
|-------|------------|----------------|
|       | Don't Know | ST7 - MSNCLNM3 |

**FIELD 2 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| COSA.MSNCLNM2<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSNCLNM2 | 1               |

**FIELD 3: MSNCLNM3****FIELD 3 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST7 - MSNCLNM4 |
|       | Empty                | BOX ST7        |
|       | Don't Know           | ST7 - MSNCLNM4 |

**FIELD 3 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| COSA.MSNCLNM3<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSNCLNM3 | 1               |



**FIELD 4: MSNCLNM4****FIELD 4 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST7 - MSNCLNM5 |
|       | Empty                | BOX ST7        |
|       | Don't Know           | ST7 - MSNCLNM5 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| COSA.MSNCLNM4<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSNCLNM4 | 1               |

**FIELD 5: MSNCLNM5****FIELD 5 ROUTING**

| Value | Label                | Route   |
|-------|----------------------|---------|
| 1     | [Continuous answer.] | BOX ST7 |
|       | Empty                | BOX ST7 |
|       | Don't Know           | BOX ST7 |

**FIELD 5 ATTRIBUTES**

| <b>Cheshire Name</b>   | <b>Answers Allowed</b> |
|--|------------------------|
| COSA.MSNCLNM5<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSNCLNM5 | 1                      |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| <b>Variable Name</b> | <b>Assignment Instructions</b>  |
|----------------------|---|
| COSARNDC             | COST.COSARNDC = current round. This is set in SQL only in order to flag data transformation to generate new COSA records. |

**DESIGN NOTES**

MSNCLNUM is the only required field. The remaining fields are specified to allow EMPTY and are not required.

# BOX ST7

## **BOX INSTRUCTIONS**

IF ST7 - MSNCLNUM = DK, GO TO BOX ST9.

ELSE GO TO ST8 - MSCLVER1.

# ST8

Text

**QUESTION TEXT**

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

**FIELD 1: MSCLVER1****FIELD 1 ROUTING**

| Value | Label                | Route   |
|-------|----------------------|---------|
| 1     | [Continuous answer.] | BOX ST8 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| COSA.MSCLVER1<br><br>ST7 claim numbers are stored on one record in SQL and then transformed to multiple records on COSA in Cheshire.<br><br>SQL field = tblCOST.MSCLVER1 | 1               |

# BOX ST8

## **BOX INSTRUCTIONS**

IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9.

ELSE GO TO ST9 - WHICHNUM.

# ST9

Code 1

## **QUESTION TEXT**

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?

## **FIELD 1: WHICHNUM**

### **FIELD 1 ROUTING**

| Value | Label   | Route          |
|-------|---------|----------------|
| 1     | FIRST   | BOX ST9        |
| 2     | SECOND  | BOX ST9        |
| 3     | NEITHER | ST9 - NEWCLNUM |

### **FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.WHICHNUM | 1               |

## **FIELD 2: NEWCLNUM**

ENTER CORRECT MSN CLAIM CONTROL NUMBER:

### **FIELD 2 ROUTING**

| Value | Label                | Route   |
|-------|----------------------|---------|
| 1     | [Continuous answer.] | BOX ST9 |
|       | Don't Know           | BOX ST9 |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| MSCLVER2      | <p>If ST9 - WHICHNUM = 2/Second or 3/Neither, set COSA.MSCLVER2 = ST7 - MSNCLNUM.</p> <p>SQL field = tblCOST.MSCLVER2. This field is transformed to COSA.MSCLVER2 in Cheshire.</p> |
| MSNCLNUM      | <p>If ST9 - WHICHNUM = 2/Second, set COSA.MSNCLNUM = ST8 - MSCLVER1.</p> <p>Else if ST9 - WHICHNUM = 3/Neither, set COSA.MSNCLNUM = ST9 - NEWCLNUM.</p>                            |

# BOX ST9

## **BOX INSTRUCTIONS**

IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance,  
GO TO ST10 - INSCLNUM.

ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM.

ELSE GO TO ST12 - INCTYPE.



# ST10

Text

**QUESTION TEXT**

ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".

**FIELD 1: INSCNUM****FIELD 1 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST10 |
|       | Don't Know           | BOX ST10 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.INSCNUM  | 1               |

# BOX ST10

## **BOX INSTRUCTIONS**

IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance,  
GO TO ST11 - TRICLNUM.

ELSE GO TO ST12 - INCTYPE.

# ST11

Text

**QUESTION TEXT**

ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW".

**FIELD 1: TRICLNUM****FIELD 1 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST12 - INCTYPE |
|       | Don't Know           | ST12 - INCTYPE |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.TRICLNUM | 1               |

# ST11B

Date

## QUESTION TEXT

ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT.

## FIELD 1: PDPBEGMM

BEGINNING DATE:

### FIELD 1 ROUTING

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST11B - PDPBEGDD |
|       | Don't Know           | ST11B - PDPBEGDD |
|       | Refused              | ST11B - PDPBEGDD |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.PDPBEGMM | 1               |

## FIELD 2: PDPBEGDD

### FIELD 2 ROUTING

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST11B - PDPBEGYY |
|       | Don't Know           | ST11B - PDPBEGYY |
|       | Refused              | ST11B - PDPBEGYY |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.PDPBEGDD | 1               |

**FIELD 3: PDPBEGYY****FIELD 3 ROUTING**

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST11B - PDPENDMM |
|       | Don't Know           | ST11B - PDPENDMM |
|       | Refused              | ST11B - PDPENDMM |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.DPDBEGYY | 1               |

**FIELD 4: PDPENDMM**

ENDING DATE:

**FIELD 4 ROUTING**

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST11B - PDPENDDD |
|       | Don't Know           | ST11B - PDPENDDD |
|       | Refused              | ST11B - PDPENDDD |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.PDPENDMM | 1               |

**FIELD 5: PDPENDDDD****FIELD 5 ROUTING**

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST11B - PDPENDYY |
|       | Don't Know           | ST11B - PDPENDYY |
|       | Refused              | ST11B - PDPENDYY |

**FIELD 5 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|----------------|-----------------|
| COST.PDPENDDDD | 1               |

**FIELD 6: PDPENDYY****FIELD 6 ROUTING**

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST12 - INCTYPE |
|       | Don't Know           | ST12 - INCTYPE |
|       | Refused              | ST12 - INCTYPE |

**FIELD 6 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.PDPENDYY | 1               |

# ST12

Code All

## QUESTION TEXT

WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)?

CHECK ALL THAT APPLY.

## FIELD 1: INCTYPE

### FIELD 1 ROUTING

| Value | Label                  | Route    |
|-------|------------------------|----------|
| 1     | PROVIDER SERVICE DATES | BOX ST12 |
| 2     | HOME HEALTH VISITS     | BOX ST12 |
| 3     | OTHER MEDICAL EXPENSES | BOX ST12 |
| 4     | PRESCRIBED MEDICINES   | BOX ST12 |

### FIELD 1 ATTRIBUTES

| Cheshire Name  | Answers Allowed |
|--|-----------------|
| <p>NONE</p> <p>REPLACES THE FOLLOWING CHESHIRE VARIABLES:</p> <p>1=COST.INCDATES<br/> 2=COST.INCHHS - NEED TO ADD TO CHESHIRE DATABASE<br/> 3=COST.INCOMS<br/> 4=COST.INCPMS</p> | 4               |

# BOX ST12

## **BOX INSTRUCTIONS**

IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER\_STDATE.

ELSE GO TO BOX ST26.



# ST13

## Roster

### QUESTION TEXT

WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE?

SELECT OR ADD ONLY ONE PROVIDER.

### FIELD 1: PROVIDER STDATE

#### FIELD 1 ROUTING

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST14 - STDATEUPD |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display in order of entry.

#### ROSTER/GRID DISPLAY

| Column # | Header                      | Instructions           |
|----------|-----------------------------|------------------------|
| 1        | Provider Name               | Display PROV.PROVNAME. |
| 2        | Billing/Group Practice Name | Display PROV.GROUPNAM. |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on PROV:

PROV key = PROV.PROVBASE + PROV.PROVNUM

PROV.PROVNUM = Number of Provider selected at ST13.

If Provider added at Provider Roster, see PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Provider Roster Pop-Up Window:

PROV.PROVNUM      Provider number

PROV.PROVRNDC    Round number

PROV.PROVNAME    Provider name

See additional instructions below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| COSTPROV      | Set COST.COSTPROV = PROV.PROVNUM of provider selected at ST13.    |
| PRVROSTR      | If Provider added, set PROV.PRVROSTR = 15/STProviderServiceDates. |

## DESIGN NOTES

Interviewer can add or select Provider at this roster.

# ST14

Code 1

## QUESTION TEXT

THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER.

DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE?

## FIELD 1: STDATEUPD

### FIELD 1 ROUTING

| Value | Label                                      | Route                  |
|-------|--|------------------------|
| 1     | NO, DO NOT NEED TO ADD OR EDIT EVENT DATES | ST24 - EVENT_STDATE    |
| 2     | YES, NEED TO ADD EVENT DATE                | ST16 - EVENT_STDATEADD |
| 3     | YES, NEED TO EDIT EVENT DATE               | ST15 - EVENT_STDATEDIT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below Question Text.

Display all events for this provider where:

EVNT.EVNTTYPE = 'DU', 'ER', 'IP', 'IU', 'OP', 'MP', 'SD', or 'SL', and  
 EVNT.EVNTPROV = the PROV.PROVNUM selected at ST13, and  
 EVNT.EVNTDFLG ^= 1/Yes

Display in order of entry.

Report Header: PROVIDER SERVICE EVENTS

Column 1, Header = "Type".

Column 1, Display =

Display EVNT.EVNTTYPE

Column 2, Header = "Start Date".

Column 2, Display =

Display EVENT DATE in "Mon DD YYYY" format.

Column 3, Header = "Stop Date".

Column 3, Display =

If (EVNT.EVNTTYPE = 'IU') or (EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS ^= 1/StillInHospital), display EVENT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 4, Header = "Status".

Column 4, Display =

If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display "ON".

Else if EVNT.VISTTYPE = 2/RepeatVisit, display "RV".

Else do not display.

Column 5, Header = "# Visits".

Column 5, Display =

If EVNT.VISTTYPE = 2/RepeatVisit, display EVNT.RVTIMES.

Else do not display.

Column 6, Header = "Round".

Column 6, Display =

Display "R" + EVNT.EVNTRNDC. EX: R45

Column 7, Display =

If Event Date is out of the Survey Reference Period, display "ORP".

Else do not display.

# ST15

## Roster

### QUESTION TEXT

SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION.

### FIELD 1: EVENT STDATEDIT

#### FIELD 1 ROUTING

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST14 - STDATEUPD |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all events for this provider where:

EVNT.EVNTTYPE = 'DU', 'ER', 'IP', 'IU', 'OP', 'MP', 'SD', or 'SL', and  
 EVNT.EVNTPROV = the PROV.PROVNUM selected at ST13, and  
 EVNT.EVNTDFLG ^= 1/Yes

If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display as a protected row.

Display in order of entry.

#### ROSTER/GRID DISPLAY

| Column # | Header     | Instructions                                |
|----------|------------|---|
| 1        | Type       | Display EVNT.EVNTTYPE.                      |
| 2        | Start Date | Display EVENT DATE in "Mon DD YYYY" format. |

| Column # | Header    | Instructions   |
|----------|-----------|--|
| 3        | Stop Date | If (EVNT.EVNTTYPE = 'IU') or (EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS ^=1/StillInHospital), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display. |
| 4        | Status    | If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display "ON".<br>Else if EVNT.VISTTYPE = 2/RepeatVisit, display "RV".<br>Else do not display.       |
| 5        | # Visits  | If EVNT.VISTTYPE = 2/RepeatVisit, display EVNT.RVTIMES.<br>Else do not display.  |
| 6        | Round     | Display 'R' + EVNT.EVNTRNDC. EX: R45   |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = Number of event selected at ST15.

If event selected for editing, see STATEMENT EVENT EDIT ROSTER POP-UP specifications for pop-up window programming specifications.

Variables updated in STATEMENT EVENT EDIT ROSTER Pop-Up Window:

|               |                            |
|---------------|----------------------------|
| EVNT.VISTTYPE | SingleVisit or RepeatVisit |
| EVNT.RVTIMES  | # of visits                |
| EVNT.EVBEGMM  | Event Month                |
| EVNT.EVBEGDD  | Event Day                  |
| EVNT.EVBEGYY  | Event Year                 |
| EVNT.EVENDDMM | Event End Month            |
| EVNT.EVENDDDD | Event End Day              |
| EVNT.EVENDDYY | Event End Year             |

NOTE: EVNT.IPSTATUS cannot be updated in Pop-Up Window.

| Variable Name | Assignment Instructions   |
|---------------|---|
| EVORPFLG      | If Event date edited is outside the Survey Reference Period, set EVNT.EVORPFLG = 1/GRP. See General Specifications for setting this GRP flag. |

**DESIGN NOTES**

Interviewer can select events to be edited at this roster.

# ST16

## Roster

### QUESTION TEXT

ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE.

ADD ALL EVENT DATES FOR THIS PROVIDER.

### FIELD 1: EVENT\_STDATEADD

#### FIELD 1 ROUTING

| Value | Label                | Route     |
|-------|----------------------|-----------|
| 1     | [Continuous answer.] | BOX ST16A |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all events for this provider where:

EVNT.EVNTTYPE = 'DU', 'ER', 'IP', 'IU', 'OP', 'MP', 'SD', or 'SL', and  
 EVNT.EVNTPROV = the PROV.PROVNUM selected at ST13, and  
 EVNT.EVNTDFLG ^= 1/Yes

Display in order of entry.

Display all loaded events as protected rows.

#### ROSTER/GRID DISPLAY

| Column # | Header | Instructions           |
|----------|--------|------------------------|
| 1        | Type   | Display EVNT.EVNTTYPE. |



| Column # | Header     | Instructions   |
|----------|------------|--|
| 2        | Start Date | Display EVENT DATE in "Mon DD YYYY" format.  |
| 3        | Stop Date  | If (EVNT.EVNTTYPE = 'IU') or (EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS ^=1/StillInHospital), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display. |
| 4        | Status     | If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display "ON".<br>Else if EVNT.VISTTYPE = 2/RepeatVisit, display "RV".<br>Else do not display.       |
| 5        | # Visits   | If EVNT.VISTTYPE = 2/RepeatVisit, display EVNT.RVTIMES.<br>Else do not display.  |
| 6        | Round      | Display 'R' + EVNT.EVNRNDC. EX: R45  |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = Number of event selected at ST16.

See STATEMENT EVENT ROSTER POP-UP specifications for pop-up window programming instructions:

Variables populated in Statement Event Roster Pop-Up Window:

EVNT.EVNTNUM  
 EVNT.EVNRNDC  
 EVNT.EVNTTYPE  
 EVNT.VISTTYPE  
 EVNT.RVTIMES  
 EVNT.EVBEGMM  
 EVNT.EVBEGDD

EVNT.EVBEGYY  
EVNT.EVENDMM  
EVNT.EVENDDD  
EVNT.EVENDYY  
EVNT.STEVTYPE  
BASE.LASTEVNT

| Variable Name | Assignment Instructions  |
|---------------|--|
| EVCHGFLG      | If Event added, set EVNT.EVCHGFLG = 1/Yes.   |
| EVORPFLG      | If Event date added is outside the Survey Reference Period, set EVNT.EVORPFLG = 1/ORP. See General Specifications for setting this ORP flag. |
| EVCHGLOC      | If Event added, set EVNT.EVCHGLOC = 'ST'.  |

## DESIGN NOTES

Interviewer can only add events at this roster.

# BOX ST16A

## **BOX INSTRUCTIONS**

IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY  
REFERENCE PERIOD, GO TO BOX ST16B.

ELSE GO TO ST14 - STDATEUPD.

# BOX ST16B

## **BOX INSTRUCTIONS**

IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO.

ELSE GO TO BOX ST17.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

We do not display ST17 Introduction if EVNT.EVNTTYPE = 'ER', 'IU', 'SD', or 'SL' since we do not collect event details for these types of events.

# ST17

No Entry

**QUESTION TEXT**

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

**FIELD 1: STDATEINTRO****FIELD 1 ROUTING**

| Value | Label    | Route    |
|-------|----------|----------|
| 1     | CONTINUE | BOX ST17 |
|       | Empty    | BOX ST17 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# BOX ST17

## **BOX INSTRUCTIONS**

IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' OR 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC.

ELSE GO TO BOX ST18.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

We do not collect ST18 - PROVSPEC if EVNT.EVNTTYPE = 'ER', 'IP', 'OP', 'IU', 'SD', or 'SL'.

# ST18

Code 1

## QUESTION TEXT

What kind of medical person is (PROVIDER NAME)?

## FIELD 1: PROVSPEC

### FIELD 1 ROUTING

| Value | Label                       | Route    |
|-------|-----------------------------|----------|
| 1     | DENTIST/DENTAL PROVIDER     | BOX ST18 |
| 2     | MEDICAL DOCTOR              | BOX ST18 |
| 3     | AUDIOLOGIST                 | BOX ST18 |
| 4     | CHIROPRACTOR                | BOX ST18 |
| 5     | CLINICAL SOCIAL WORKER      | BOX ST18 |
| 6     | DIETITIAN-NUTRITIONIST      | BOX ST18 |
| 7     | HEARING THERAPIST           | BOX ST18 |
| 8     | HOME HEALTH/HEALTH AIDE     | BOX ST18 |
| 9     | HOMEMAKER                   | BOX ST18 |
| 10    | HOSPICE WORKER              | BOX ST18 |
| 11    | I.V. THERAPIST              | BOX ST18 |
| 12    | NURSE (RN)                  | BOX ST18 |
| 13    | NURSE PRACTITIONER          | BOX ST18 |
| 14    | NURSE'S AIDE                | BOX ST18 |
| 15    | OCCUPATIONAL THERAPIST (OT) | BOX ST18 |
| 16    | OPTOMETRIST (OD)            | BOX ST18 |
| 17    | OSTEOPATH (DO)              | BOX ST18 |
| 18    | PARAMEDIC                   | BOX ST18 |

| Value | Label                                 | Route           |
|-------|---------------------------------------|-----------------|
| 19    | PHYSICAL THERAPIST (PT)               | BOX ST18        |
| 20    | PHYSICIAN'S ASSISTANT                 | BOX ST18        |
| 21    | PODIATRIST (FOOT DOCTOR)              | BOX ST18        |
| 22    | PSYCHOLOGIST                          | BOX ST18        |
| 23    | RESPIRATORY THERAPIST                 | BOX ST18        |
| 24    | SOCIAL/CASE WORKER                    | BOX ST18        |
| 25    | SPEECH THERAPIST                      | BOX ST18        |
| 26    | THERAPIST (MENTAL HEALTH)             | BOX ST18        |
| 27    | X-RAY TECHNICIAN                      | BOX ST18        |
| 28    | LICENSED PRACTICAL NURSE (LPN)        | BOX ST18        |
| 29    | ACUPUNCTURIST                         | BOX ST18        |
| 30    | HOMEOPATH                             | BOX ST18        |
| 31    | MASSAGE THERAPIST                     | BOX ST18        |
| 32    | NATUROPATH                            | BOX ST18        |
| 33    | LICENSED PROFESSIONAL COUNSELOR [LPC] | BOX ST18        |
| 34    | LAB TECHNICIAN                        | BOX ST18        |
| 91    | OTHER MEDICAL PROVIDER SPECIALTY      | ST18 - PROVSPoS |
|       | Don't Know                            | BOX ST18        |
|       | Refused                               | BOX ST18        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PROV.PROVSPEC | 1               |



**FIELD 2: PROVSPPOS**

OTHER MEDICAL PROVIDER (SPECIFY)

**FIELD 2 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST18 |

**FIELD 2 ATTRIBUTES**

| Cheshire Name  | Answers Allowed |
|----------------|-----------------|
| PROV.PROVSPPOS | 1               |

# BOX ST18

## **BOX INSTRUCTIONS**

IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ST19 - VAPLACE.

ELSE GO TO BOX ST19.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

We do not collect ST19 - VAPLACE if EVNT.EVNTTYPE = 'SD' or 'SL'.

# ST19

Yes/No

**QUESTION TEXT**

Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility?

**FIELD 1: VAPLACE****FIELD 1 ROUTING**

| Value | Label      | Route    |
|-------|------------|----------|
| 1     | YES        | BOX ST19 |
| 2     | NO         | BOX ST19 |
|       | Don't Know | BOX ST19 |
|       | Refused    | BOX ST19 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PROV.VAPLACE  | 1               |

# BOX ST19

## **BOX INSTRUCTIONS**

IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ST20 - HMOASSOC.

ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ST21 - HMOREFER.

ELSE GO TO ST22A\_IN - NAVIGATOR.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

We do not collect ST20-HMOASSOC, ST21-HMOREFER, ST22A-NOGOHMO if EVNT.EVNTTYPE = 'IU', 'SD' or 'SL'.

# ST20

Yes/No

## QUESTION TEXT

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

## FIELD 1: HMOASSOC

### FIELD 1 ROUTING

| Value | Label      | Route                |
|-------|------------|----------------------|
| 1     | YES        | ST22A_IN - NAVIGATOR |
| 2     | NO         | ST21 - HMOREFER      |
|       | Don't Know | ST21 - HMOREFER      |
|       | Refused    | ST21 - HMOREFER      |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| PROV.HMOASSOC | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.

Display managed care plan name(s) below question text.

Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".

Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".

Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

# ST21

Yes/No

## QUESTION TEXT

[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ  
MANAGED CARE PLAN NAME(S) BELOW]?

## FIELD 1: HMOREFER

### FIELD 1 ROUTING

| Value | Label      | Route                |
|-------|------------|----------------------|
| 1     | YES        | ST22A_IN - NAVIGATOR |
| 2     | NO         | ST22A - NOGOHMO      |
|       | Don't Know | ST22A_IN - NAVIGATOR |
|       | Refused    | ST22A_IN - NAVIGATOR |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.HMOREFER | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.

Display managed care plan name(s) below question text.

Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".

Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".

Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

**BACKGROUND VARIABLE ASSIGNMENTS**

HMOREFER is an EVENT level detail. The response to HMOREFER needs to be copied to EVNT.HMOREFER for event added at ST16.

| Variable Name | Assignment Instructions  |
|---------------|--|
| HMOREFER      | Set EVNT.HMOREFER = ST21 - HMOREFER on each event added at ST16. |

# ST22A

Code 1

## QUESTION TEXT

What is the most important reason [you/(SP)] did not see a doctor associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?

## FIELD 1: NOGOHMO

### FIELD 1 ROUTING

| Value | Label  | Route                |
|-------|--|----------------------|
| 1     | PLAN DOES NOT COVER THE SERVICE SP WANTED            | ST22A_IN - NAVIGATOR |
| 2     | DIFFICULTY OR DELAY IN GETTING SERVICES              | ST22A_IN - NAVIGATOR |
| 3     | SP PROVIDER PREFERENCE                               | ST22A_IN - NAVIGATOR |
| 4     | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS   | ST22A_IN - NAVIGATOR |
| 5     | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT          | ST22A_IN - NAVIGATOR |
| 6     | NO CHOICE - MEDICAL EMERGENCY OR OUT OF SERVICE AREA | ST22A_IN - NAVIGATOR |
| 91    | OTHER  | ST22A - NOGOHMOS     |
|       | Don't Know   | ST22A_IN - NAVIGATOR |
|       | Refused  | ST22A_IN - NAVIGATOR |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.NOGOHMO  | 1               |



**FIELD 2: NOGOHMOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

| Value | Label                | Route                |
|-------|----------------------|----------------------|
| 1     | [Continuous answer.] | ST22A_IN - NAVIGATOR |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.NOGOHMOS | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****REPORT DISPLAY**

Display managed care plan name(s) below question text.

Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".

Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".

Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

**BACKGROUND VARIABLE ASSIGNMENTS**

NOGOHMO and NOGOHMOS are EVENT level details.

The response to NOGOHMO needs to be copied to EVNT.NOGOHMO for each event added at ST16.

The response to NOGOHMOS needs to be copied to EVNT.NOGOHMOS for each event added at ST16.

# ST22A\_IN

Instance Navigator

**FIELD 1: NAVIGATOR****FIELD 1 ROUTING**

| Value | Label                               | Route            |
|-------|-------------------------------------|------------------|
| 1     | ITEM SELECTED IN INSTANCE NAVIGATOR | BOX ST22A        |
| 2     | CONTINUE INTERVIEW SELECTED         | ST14 - STDATEUPD |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A           | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Roster details will be collected on EVNT:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = Number of event selected at ST16.

# BOX ST22A

## **BOX INSTRUCTIONS**

FOR THIS EVENT ADDED AT ST16,

IF TYPE OF EVENT = 'DU', GO TO DU7 - DVPROCDR.

ELSE IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS.

ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS.

ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B.

ELSE GO TO BOX ST23B.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

BOX ST22A calls the DU, IP, OP Utilization sections, depending on EVNTTYPE of event added at ST16.

MP events are handled by BOX ST23A.

ER, IU, SD, SL events do not collect event details.

DU, IP and OP returns to ST at BOX ST23B.

# BOX ST22B

## **BOX INSTRUCTIONS**

IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT) GO TO ST23 - MPSDVIS.

ELSE GO TO BOX ST23A.

# ST23

Yes/No

## QUESTION TEXT

We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?

## FIELD 1: MPSDVIS

### FIELD 1 ROUTING

| Value | Label      | Route     |
|-------|------------|-----------|
| 1     | YES        | BOX ST23A |
| 2     | NO         | BOX ST23A |
|       | Don't Know | BOX ST23A |
|       | Refused    | BOX ST23A |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| EVNT.MPSDVIS  | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display ER, IP, and OP events that overlap or match the MP event added at ST16.

Report Header: OVERLAPPING EVENT DATES

Column 1, header = "EVENT TYPE".

Column 1, display =

If EVNT.EVNTTYPE = 2/ER, display "Emergency Room".

Else if EVNT.EVNTTYPE = 5/IP, display "Hospital as an Inpatient".

Else if EVNT.EVNTTYPE = 9/OP, display "Outpatient Department".

Column 2, header = "EVENT DATE".

Column 2, display EVENT BEGIN DATE

Column 3, header = "EVENT END DATE".

Column 3, display EVENT END DATE

### BACKGROUND VARIABLE ASSIGNMENTS

| Variable Name | Assignment Instructions  |
|---------------|--|
| EVNTTYPE      | If ST23 - MPSDVIS = 1/Yes, update MP event type to Separately Billing Doctor, EVNT.EVNTTYPE = 'SD'.            |
| STEVTTYPE     | If ST23 - MPSDVIS = 1/Yes, update MP Statement event type to Separately Billing Doctor, EVNT.STEVTTYPE = 2/SD. |

# BOX ST23A

## **BOX INSTRUCTIONS**

IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B.

ELSE GO TO BOX MP2C.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

BOX ST23A calls the MP Utilization section.

MP returns to ST at BOX ST23B.

# BOX ST23B

## **BOX INSTRUCTIONS**

GO TO ST22A\_IN - NAVIGATOR.

## **OTHER PROGRAMMING INSTRUCTIONS**

## **DESIGN NOTES**

Return from Utilization sections at BOX ST23B.



# ST24

## Roster

### QUESTION TEXT

SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE.

### FIELD 1: EVENT STDATE

#### FIELD 1 ROUTING

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST24 |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all events for this provider where:

EVNT.EVNTTYPE = 'DU', 'ER', 'IP', 'IU', 'OP', 'MP', 'SD', or 'SL', and  
 EVNT.EVNTPROV = the PROV.PROVNUM selected at ST13, and  
 EVNT.EVNTDFLG ^= 1/Yes

Display in order of entry.

#### ROSTER/GRID DISPLAY

| Column # | Header     | Instructions                                |
|----------|------------|---|
| 1        | Type       | Display EVNT.EVNTTYPE.                      |
| 2        | Start Date | Display EVENT DATE in "Mon DD YYYY" format. |

| Column # | Header    | Instructions   |
|----------|-----------|--|
| 3        | Stop Date | If (EVNT.EVNTTYPE = 'IU') or (EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS ^=1/StillInHospital), display EVENT END DATE in "Mon DD YYYY" format.. Else do not display. |
| 4        | Status    | If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display "ON". Else if EVNT.VISTTYPE = 2/RepeatVisit, display "RV". Else do not display.           |
| 5        | # Visits  | If EVNT.VISTTYPE = 2/RepeatVisit, display EVNT.RVTIMES. Else do not display.   |
| 6        | Round     | Display 'R' + EVNT.EVNTRNDC. EX: R45   |

## BACKGROUND VARIABLE ASSIGNMENTS

Create an XCEV record for each event selected at ST24 to link the event to the charge bundle being asked about. XCEV record may already exist.

If XCEV record does not exist, create XCEV record:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 + XCEV.XCEVEVNT

XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected at ST24.

Set fields as specified below:

| Variable Name | Assignment Instructions  |
|---------------|--|
| XCEVCOST      | Create XCEV where XCEV.XCEVCOST = this COST.COSTNUM.             |
| XCEVEVNT      | Create XCEV where XCEV.XCEVEVNT = EVNT.EVNTNUM of EVNT selected. |

| Variable Name | Assignment Instructions   |
|---------------|---|
| XCEVRNDC      | Set XCEV.XCEVRNDC = current round.                                      |
| DELLINK       | If XCEV exists and XCEV.DEELLINK = 1/Yes, update XCEV.DEELLINK = empty. |
|               |   |
|               |   |

**DESIGN NOTES**

Interviewer can only select events at this roster.

# BOX ST24

## **BOX INSTRUCTIONS**

IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS.

ELSE GO TO ST25 - STDATEMTCH.

# ST24A

Numeric

## QUESTION TEXT

ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE.

## FIELD 1: RVLINKS

### FIELD 1 ROUTING

| Value | Label                | Route     |
|-------|----------------------|-----------|
| 1     | [Continuous answer.] | BOX ST24A |
|       | Don't Know           | BOX ST24A |
|       | Refused              | BOX ST24A |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| XCEV.RVLINKS  | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Collect # of visits on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of Repeat Visit event currently being asked about.

# BOX ST24A

## **BOX INSTRUCTIONS**

IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS.  
ELSE GO TO ST25 - STDATEMTCH.

# ST25

Code 1

## QUESTION TEXT

ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW?

## FIELD 1: STDATMTCH

### FIELD 1 ROUTING

| Value | Label                               | Route                  |
|-------|-------------------------------------|------------------------|
| 1     | YES                                 | BOX ST26               |
| 2     | NO, NEED TO ADD A PROVIDER EVENT    | ST13 - PROVIDER_STDATE |
| 3     | NO, NEED TO REMOVE A PROVIDER EVENT | ST26 - EVENT_STDATEDEL |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display all Events linked to this charge bundle where XCEV.XCEVEVNT = the EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for the Charge Bundle and XCEV.DELLINK ^=1/Yes. Display PMs followed by OM events, HH events and then other provider service events.

NOTE: This report is shared by other questions. Not all Event types will be applicable at each screen.

Report header: EVENTS IN CHARGE BUNDLE

Report layout:

Column 1, header =Type  
Display EVNT.EVNTTYPE

Column 2, NO HEADER.

If EVNT.RENTPROB=2/Rent and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display "R".

Else do not display.

Column 3, header = Description

If EVNT.EVNTTYPE = OM then

If EVNT.STOMTYPE = 91, display EVOS.EVOSTEXT on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.

Else display EVNT.STOMTYPE response text.

Else if EVNT.EVNTTYPE = PM, display EVNT.PMEDNAME.

Else display PROV.PROVNAME on PROV where PROV.PROVNUM = this EVNT.EVNTPROV.

Column 4, header = Start Date

If EVNT.EVNTTYPE = HF or HP,  
display COST START DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = DU, ER, IP, IU, OP, MP, SD or SL) or

(EVNT.EVNTTYPE = OM and  
((EVNT.OTHRTYPE ^= 5/OstomySupplies and  
^= 6/IncontinenceSupplies and ^= 7/Bandages) or  
(EVNT.OTHRTYPE = EMPTY)) and  
((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY))),

display EVENT DATE in "Mon DD YYYY" format.

Else do not display.

Column 5, header = Stop Date

If EVNT.EVNTTYPE = HF or HP,  
display COST STOP DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = IU) or

(EVNT.EVNTTYPE = IP and  
EVNT.IPSTATUS ^= 1/StillInHospital) or



(EVNT.EVENTTYPE = OM and EVNT.RENTPROB = 2/Rent and  
 (EVNT.RENTSTIL = 2/No, DK, or RF) and  
 ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or  
 (EVNT.RENT2BUY = EMPTY))),

display EVNT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 6, header = Status

If EVNT.VISTTYPE = 2/RepeatVisit, display "RV".

Else if

(EVNT.EVENTTYPE = OM and  
 EVNT.OMSTATUS = 1/AlterationNotComplete) or

(EVNT.EVENTTYPE = IP and EVNT.IPSTATUS = 1/StillInHospital),

display "ON".

Else if EVNT.RENTSTIL = 1/Yes, display "RR".

Else if EVNT.RENT2BUY=2/PurchasedRentToBuy, display "OW".

Else do not display.

Column 7, header = # Visits

If EVNT.VISTTYPE = 2/RepeatVisit, display XCEV.RVLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVENTNUM and XCEV.XCEVCOST = the COST.COSTNUM for  
 this charge bundle.

Else do not display.

Column 8, header = # Purchases

If (EVNT.EVENTTYPE = PM) or

(EVNT.EVENTTYPE = OM and  
 (EVNT.OTHRTYPE = 5/OstomySupplies,  
 6/IncontinenceSupplies, or 7/Bandages)),

display XCEV.NUMLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVENTNUM and  
 XCEV.XCEVCOST = the COST.COSTNUM for this charge bundle.

Else do not display.

Column 9,

If Event Date is out of Survey Reference Period, display "ORP".

Else do not display.

# ST26

## Roster

### QUESTION TEXT

SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.

### FIELD 1: EVENT STDTEDEL

#### FIELD 1 ROUTING

| Value | Label                | Route            |
|-------|----------------------|------------------|
| 1     | [Continuous answer.] | ST25 - STDTEMTCH |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Provider Service events linked to this charge bundle:

There is an EVNT where:

EVNT.EVNTTYPE = 'DU', 'ER', 'IP', 'IU', 'OP', 'MP', 'SD', or 'SL', and

There is an XCEV where:

XCEV.XCEVEVNT = this EVNT.EVNTNUM, and

XCEV.XCEVCOST = COST.COSTNUM for this charge bundle, and

XCEV.DELLINK ^= 1/Yes.

Display Name of Provider, PROV.PROVNAME, for each Provider Service event.

Display in order of entry.

**ROSTER/GRID DISPLAY**

| Column # | Header        | Instructions  |
|----------|---------------|---|
| 1        | Type          | Display EVNT.EVNTTYPE.  |
| 2        | Provider Name | Display PROV.PROVNAME where PROV.PROVNUM = EVNT.EVNTPROV.   |
| 3        | Start Date    | Display EVENT DATE in "Mon DD YYYY" format.   |
| 4        | Stop Date     | If (EVNT.EVNTTYPE = 'IU') or (EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS ^=1/StillInHospital), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display.                  |
| 5        | Status        | If EVNT.EVNTTYPE = 'IP' and EVNT.IPSTATUS = 1/StillInHospital, display "ON".<br>Else if EVNT.VISTTYPE = 2/RepeatVisit, display "RV".<br>Else do not display.                        |
| 6        | # Visits      | If EVNT.VISTTYPE = 2/RepeatVisit, display XCEV.RVLINKS on XCEV where XCEV.XCEVEVNT=this EVNT.EVNTNUM and XCEV.XCEVCOST=COST.COSTNUM for this charge bundle.<br>Else do not display. |
| 7        | Round         | Display 'R' + EVNT.EVNTRNDC. EX: R45  |

**BACKGROUND VARIABLE ASSIGNMENTS**

Roster details will be collected on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT  
XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected at ST26

Each Event selected at ST26 will be flagged as "deleted" on XCEV. The event will no longer being "linked" to the charge bundle being asked about. See detailed instructions below.

| Variable Name | Assignment Instructions  |
|---------------|--|
| DELLINK       | Set XCEV.DELLINK = 1/Yes on XCEV where XCEV.XCEVCOST = this COST.COSTNUM and XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected. |

## DESIGN NOTES

DISABLE PREVIOUS PAGE.

# BOX ST26

## **BOX INSTRUCTIONS**

IF ST12 – INCTYPE INCLUDES 2/HHVisits, GO TO ST27 - PROVIDER\_STHH.

ELSE GO TO BOX ST33.

# ST27

## Roster

### QUESTION TEXT

WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE?

SELECT OR ADD ONLY ONE PROVIDER.

### FIELD 1: PROVIDER\_STHH

#### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTBEGM |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display providers in order of entry.

#### ROSTER/GRID DISPLAY

| Column # | Header           | Instructions   |
|----------|------------------|--|
| 1        | Provider Name    | Display Provider Name, PROV.PROVNAME   |
| 2        | SubProvider Name | If PROV.SUBPROV ^= empty, display SubProvider name, PROV.SUBPROV. Else do not display. |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on PROV:

PROV key = PROV.PROVBASE + PROV.PROVNUM

PROV.PROVNUM = Number of Provider selected at ST27.

If Provider added at Home Health Provider Roster, see HOME HEALTH PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Home Health Provider Roster Pop-Up Window:

PROV.PROVNUM      Provider number

PROV.PROVRNDC    Round number

PROV.PROVNAME    Provider name

See additional instructions below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| COSTPROV      | Set COST.COSTPROV = PROV.PROVNUM of provider selected at ST27.  |
| PRVROSTR      | If Provider added, set PROV.PRVROSTR = 16/STHomeHealthProvider. |

## DESIGN NOTES

Interviewer can add or select Provider at this roster.



# ST28

Numeric

## QUESTION TEXT

ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE.

## FIELD 1: COSTBEGM

START DATE:

## FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTBEGD |
|       | Don't Know           | ST28 - COSTBEGD |
|       | Refused              | ST28 - COSTBEGD |

## FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTBEGM | 1               |

## FIELD 2: COSTBEGD

## FIELD 2 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTBEGY |
|       | Don't Know           | ST28 - COSTBEGY |
|       | Refused              | ST28 - COSTBEGY |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTBEGD | 1               |

**FIELD 3: COSTBEGY****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTENDM |
|       | Don't Know           | ST28 - COSTENDM |
|       | Refused              | ST28 - COSTENDM |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTBEGY | 1               |

**FIELD 4: COSTENDM**

STOP DATE:

**FIELD 4 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTENDD |
|       | Don't Know           | ST28 - COSTENDD |
|       | Refused              | ST28 - COSTENDD |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTENDM | 1               |

**FIELD 5: COSTENDD****FIELD 5 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST28 - COSTENDY |
|       | Don't Know           | ST28 - COSTENDY |
|       | Refused              | ST28 - COSTENDY |

**FIELD 5 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTENDD | 1               |

**FIELD 6: COSTENDY****FIELD 6 ROUTING**

| Value | Label                | Route     |
|-------|----------------------|-----------|
| 1     | [Continuous answer.] | BOX ST28A |
|       | Don't Know           | BOX ST28A |
|       | Refused              | BOX ST28A |

**FIELD 6 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COSTENDY | 1               |

# BOX ST28A

## **BOX INSTRUCTIONS**

IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNTTYPE.

ELSE GO TO BOX ST31B.

# ST30

Code 1

## QUESTION TEXT

IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)?

## FIELD 1: HHEVNTTYPE

### FIELD 1 ROUTING

| Value | Label                      | Route            |
|-------|----------------------------|------------------|
| 1     | HOME HEALTH PROFESSIONAL   | ST31 - STHHINTRO |
| 2     | OTHER HOME HEALTH PROVIDER | ST31 - STHHINTRO |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Set Provider Type based on ST30 - HHEVNTTYPE:

| Variable Name | Assignment Instructions   |
|---------------|---|
| PROVTYPE      | If ST30 - HHEVNTTYPE = 1/HP, set PROV.PROVTYPE = 6/HomeHealthProfessionals.<br>Else set PROV.PROVTYPE = 7/HomeHealthNotHHMembers. |

# ST31

No Entry

**QUESTION TEXT**

Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added.

**FIELD 1: STHHINTRO****FIELD 1 ROUTING**

| Value | Label    | Route     |
|-------|----------|-----------|
| 1     | CONTINUE | BOX ST31A |
|       | Empty    | BOX ST31A |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# BOX ST31A

## **BOX INSTRUCTIONS**

IF ST30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC.

ELSE GO TO HH20 - HHFTYPE.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

BOX ST31A calls the Home Health Utilization Section.

Event details will be collected on EVNT where EVNT.EVNTPROV = PROV.PROVNUM of Provider selected at ST27 and EVNT.EVNTTYPE = HP or HF. The EVNT record will be identified or created while administering the HH questions.

Home Health returns to ST at BOX ST31B.

# BOX ST31B

## **BOX INSTRUCTIONS**

LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE

GO TO ST32 - STHHMTCH.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

Create an XCEV record to link Home Health event to the charge bundle being asked about.  
XCEV record may already exist.

If XCEV record does not exist, create XCEV record:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT

XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of Home Health event currently being asked about.

Set fields as specified below:

| Variable Name | Assignment Instructions   |
|---------------|---|
| XCEVCOST      | Create XCEV where XCEV.XCEVCOST = this<br>COST.COSTNUM.   |
| XCEVEVNT      | Create XCEV where XCEV.XCEVEVNT = EVNT.EVNTNUM<br>where EVNT.EVNTPROV = PROV.PROVNUM for Home Health<br>Provider currently being asked about. |
| XCEVRNDC      | Set XCEV.XCEVRNDC = current round.  |
| DELLINK       | If XCEV exists and XCEV.DEMLINK = 1/Yes, update<br>XCEV.DEMLINK = empty.  |

## **DESIGN NOTES**

Return from Home Section Section at BOX ST31B.



# ST32

Code 1

## QUESTION TEXT

THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.

PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE.

## FIELD 1: STHHMTCH

### FIELD 1 ROUTING

| Value | Label    | Route    |
|-------|----------|----------|
| 1     | CONTINUE | BOX ST33 |
|       | Empty    | BOX ST33 |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display all Events linked to this charge bundle where XCEV.XCEVEVNT = the EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for the Charge Bundle and XCEV.DELLINK ^=1/Yes. Display PMs followed by OM events, HH events and then other provider service events.

NOTE: This report is shared by other questions. Not all Event types will be applicable at each screen.

Report header: EVENTS IN CHARGE BUNDLE

Report layout:

Column 1, header =Type  
Display EVNT.EVNTTYPE

Column 2, NO HEADER.  
If EVNT.RENTPROB=2/Rent and EVNT.RENT2BUY ^= 2/PurchasedRentToBuy, display "R".  
Else do not display.

Column 3, header = Description  
If EVNT.EVNTTYPE = OM then  
If EVNT.STOMTYPE = 91, display EVOS.EVOSTEXT on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.  
Else display EVNT.STOMTYPE response text.

Else if EVNT.EVNTTYPE = PM, display EVNT.PMEDNAME.

Else display PROV.PROVNAME on PROV where PROV.PROVNUM = this EVNT.EVNTPROV.

Column 4, header = Start Date  
If EVNT.EVNTTYPE = HF or HP, display COST START DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = DU, ER, IP, IU, OP, MP, SD or SL) or

(EVNT.EVNTTYPE = OM and  
(EVNT.OTHRTYPE ^= 5/OstomySupplies and EVNT.OTHRTYPE ^=  
6/IncontinenceSupplies, and  
EVNT.OTHRTYPE ^= 7/Bandages) and  
(EVNT.OMSTATUS ^=1/AlterationNotComplete)),

display EVENT DATE in "Mon DD YYYY" format.

Else do not display.

Column 5, header = Stop Date  
If EVNT.EVNTTYPE = HF or HP,  
display COST STOP DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = IU) or

(EVNT.EVNTTYPE = IP and EVNT.IPSTATUS ^= 1/StillInHospital) or

(EVNT.EVNTTYPE = OM and (EVNT.RENTSTIL = 2/No, DK, or RF) and  
(EVNT.RENT2BUY ^= 2/PurchasedRentToBuy)),

display EVNT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 6, header = Status

If EVNT.VISTTYPE = 2/RepeatVisit, display "RV".

Else if (EVNT.EVNTTYPE = OM and EVNT.OMSTATUS =  
1/AlterationNotComplete) or

(EVNT.EVNTTYPE = IP and EVNT.IPSTATUS = 1/StillInHospital),

display "ON".

Else if EVNT.RENTSTIL = 1/Yes, display "RR".

Else if EVNT.RENT2BUY=2/PurchasedRentToBuy, display "OW".

Else do not display.

Column 7, header = # Visits

If EVNT.VISTTYPE = 2/RepeatVisit, display XCEV.RVLINKS on XCEV where  
XCEV.XCEVEVNT = this EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for  
this charge bundle.

Else do not display.

Column 8, header = # Purchases

If (EVNT.EVNTTYPE = PM) or

(EVNT.EVNTTYPE = OM and (EVNT.OTHRTYPE = 5/OstomySupplies,  
6/IncontinenceSupplies, or 7/Bandages)),

display XCEV.NUMLINKS on XCEV where XCEV.XCEVEVNT = this EVNT.EVNTNUM and  
XCEV.XCEVCOST = the COST.COSTNUM for this charge bundle.

Else do not display.

Column 9,

If Event Date is out of Survey Reference Period, display "ORP".

Else do not display.

# BOX ST33

## **BOX INSTRUCTIONS**

IF ST12 – INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD.

ELSE GO TO BOX ST40.

# ST34

Code 1

## QUESTION TEXT

THE FOLLOWING OME EVENTS HAVE BEEN ENTERED.

DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE?

## FIELD 1: STOMUPD

### FIELD 1 ROUTING

| Value | Label                                   | Route                 |
|-------|---|-----------------------|
| 1     | NO, DO NOT NEED TO ADD OR EDIT OM EVENT | ST37 - EVENT_STOM     |
| 2     | YES, NEED TO ADD AN OME EVENT           | ST36 - STOMADD        |
| 3     | YES, NEED TO EDIT AN OME EVENT          | ST35 - EVENT_STOMEDIT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display Report below Question Text.

Display all other medical expense items where:

EVNT.EVNTDFLG^=1/Yes, and  
EVNT.EVNTTYPE = OM.

Display in order of entry.

Report Header = OTHER MEDICAL EXPENSE EVENTS

Column 1, Display =

If EVNT.RENTPROB=2/Rent and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display "R".

Column 2, Header = "OME Type".

Column 2, Display =

If EVNT.STOMTYPE = 91/Other, display Other Specify Text, EVOS.EVOSTEXT, on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.

Else display EVNT.STOMTYPE response text.

Column 3, Header =

"Purchase or Repair/Rental Date".

Column 3, Display =

If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and ^= 6/IncontinenceSupplies and ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)) and ((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY)), display EVNT DATE in "Mon DD YYYY" format.

Else do not display.

Column 4, Header =

"Rental Stop Date".

Column 4, Display =

If EVNT.RENTPROB = 2/Rent and (EVNT.RENTSTIL = 2/No, DK, or RF) and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display EVNT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 5, Header = "Status".

Column 5, Display =

If EVNT.OMSTATUS = 1/AlterationNotComplete, display "ON".

Else if EVNT.RENTSTIL = 1/Yes, display "RR".

Else if EVNT.RENT2BUY = 2/PurchasedRentToBuy, display "OW".

Else do not display.

Column 6, Header = "Round".

Column 6, Display =

If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and EVNT.OTHRTYPE ^= 6/IncontinenceSupplies and EVNT.OTHRTYPE ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)), display 'R' + EVNT.EVNTRNDC. EX: R45

Else do not display.

Column 7, Display =

If Event Date is out of the Survey Reference Period, display "ORP".  
Else do not display.

# ST35

## Roster

### QUESTION TEXT

SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION.

### FIELD 1: EVENT\_STOMEDIT

#### FIELD 1 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST34 - STOMUPD |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all other medical expense items where:

EVNT.EVNTDFLG^=1/Yes, and  
EVNT.EVNTTYPE = OM.

If (EVNT.OTHRTYPE=5/Ostomy Supplies, 6/Incontinence Supplies, or 7/Bandages) or  
(EVNT.OMSTATUS=1/Alteration NotComplete), display as protected row.

Display in order of entry.



**ROSTER/GRID DISPLAY**

| <b>Column #</b> | <b>Header</b>                  | <b>Instructions</b>  |
|-----------------|--------------------------------|--|
| 2               | OME Type                       | If EVNT.STOMTYPE = 91/Other, display Other Specify Text, EVOS.EVOSTEXT, on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.<br>Else display EVNT.STOMTYPE response text.  |
| 3               | Purchase or Repair/Rental Date | If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and ^= 6/IncontinenceSupplies & ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)) & ((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY)), display EVENT DATE in "Mon DD YYYY" format.<br>Else do not display. |
| 4               | Rental Stop Date               | If EVNT.RENTPROB = 2/Rent and (EVNT.RENTSTIL = 2/No, DK, or RF) and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display.  |
| 5               | Status                         | If EVNT.OMSTATUS = 1/AlterationNotComplete, display "ON".<br>Else if EVNT.RENTSTIL = 1/Yes, display "RR".<br>Else if EVNT.RENT2BUY = 2/PurchasedRentToBuy, display "OW".<br>Else do not display.   |

| Column # | Header | Instructions  |
|----------|--------|---|
| 6        | Round  | If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and ^= 6/IncontinenceSupplies and ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)), display 'R' + EVNT.EVNTRNDC. EX: R45<br>Else do not display. |

### BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = Number of event selected at ST35.

If OM event is selected for editing, see STATEMENT OM EDIT ROSTER POP-UP specifications for pop-up window programming specifications.

Fields updated in Pop-Up window:

EVNT.EVBEGMM

EVNT.EVBEGDD

EVNT.EVBEGYY

EVNT.EVENDMM

EVNT.EVENDDD

EVNT.EVENDYY

| Variable Name | Assignment Instructions   |
|---------------|---|
| EVORPFLG      | If Event date edited is outside the Survey Reference Period, set EVNT.EVORPFLG = 1/ORP. See General Specifications for setting this ORP flag. |

### DESIGN NOTES

Interviewer can only select events to be edited at this roster.

# ST36

Code 1

## QUESTION TEXT

WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED?

## FIELD 1: STOMADD

### FIELD 1 ROUTING

| Value | Label                      | Route               |
|-------|----------------------------|---------------------|
| 1     | GLASSES/CONTACTS           | OM2 - EVENT_OMEYEG  |
| 2     | HEARING/SPEECH DEVICE      | OM4 - EVENT_OMHEAR  |
| 3     | ORTHOPEDIC ITEM            | OM6 - ORTHTYPE      |
| 4     | DIABETIC SUPPLIES          | OM10 - EVENT_OMDIAB |
| 5     | AMBULANCE/RESCUE           | OM12 - EVENT_OMAMBL |
| 6     | PROSTHESIS                 | OM14 - EVENT_OMPROS |
| 7     | ALTERATIONS (HOME/CAR)     | OM29 - ALTRTYPE     |
| 8     | OXYGEN                     | OM19A - OXGNTYPE    |
| 9     | KIDNEY DIALYSIS            | OM21A - KDNYTYPE    |
| 10    | ALL OTHER MEDICAL SUPPLIES | OM24 - OTHRTYPE     |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### DESIGN NOTES

ST36 calls Other Medical Expense Section. Multiple OMs for type selected at ST36 may be added in OM section. EVNT records will be identified or created for Other Medical Expenses added in OM section.

OM returns to ST at BOX ST36.

# BOX ST36

## **BOX INSTRUCTIONS**

GO TO ST34 - STOMUPD.

## **OTHER PROGRAMMING INSTRUCTIONS**

## **DESIGN NOTES**

Return to ST from Other Medical Expense Section.

# ST37

## Roster

### QUESTION TEXT

SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).

### FIELD 1: EVENT STOM

#### FIELD 1 ROUTING

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST37 |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all other medical expense items where:

EVNT.EVNTDFLG^=1/Yes, and  
EVNT.EVNTTYPE = OM.

Display in order of entry.

#### ROSTER/GRID DISPLAY

| Column # | Header | Instructions           |
|----------|--------|------------------------|
| 1        | Type   | Display EVNT.EVNTTYPE. |

| Column # | Header                         | Instructions   |
|----------|--------------------------------|--|
| 3        | OME Type                       | If EVNT.STOMTYPE = 91/Other, display Other Specify Text, EVOS.EVOSTEXT, on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.<br>Else display EVNT.STOMTYPE response text.  |
| 4        | Purchase or Repair/Rental Date | If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and ^= 6/IncontinenceSupplies & ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)) & ((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY)), display EVENT DATE in "Mon DD YYYY" format.<br>Else do not display. |
| 5        | Rental Stop Date               | If EVNT.RENTPROB = 2/Rent and (EVNT.RENTSTIL = 2/No, DK, or RF) and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display.  |
| 6        | Status                         | If EVNT.OMSTATUS = 1/AlterationNotComplete, display "ON".<br>Else if EVNT.RENTSTIL = 1/Yes, display "RR".<br>Else if EVNT.RENT2BUY = 2/PurchasedRentToBuy, display "OW".<br>Else do not display.   |
| 7        | Round                          | If ((EVNT.OTHRTYPE ^= 5/OstomySupplies and ^= 6/IncontinenceSupplies and ^= 7/Bandages) or (EVNT.OTHRTYPE = EMPTY)), display 'R' + EVNT.EVNTRNDC. EX: R45<br>Else do not display.  |

## BACKGROUND VARIABLE ASSIGNMENTS

Create an XCEV record for each event selected at ST37 to link the event to the charge bundle being asked about. XCEV record may already exist.

If XCEV record does not exist, create XCEV record:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT

XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected at ST37.

Set fields as specified below:

| Variable Name | Assignment Instructions   |
|---------------|---|
| XCEVCOST      | Create XCEV where XCEV.XCEVCOST = this COST.COSTNUM.                    |
| XCEVEVNT      | Create XCEV where XCEV.XCEVEVNT = EVNT.EVNTNUM of EVNT selected.        |
| XCEVRNDC      | Set XCEV.XCEVRNDC = current round.                                      |
| DELLINK       | If XCEV exists and XCEV.DEELLINK = 1/Yes, update XCEV.DEELLINK = empty. |

## DESIGN NOTES

Interviewer can only select events at this roster.



# BOX ST37

## **BOX INSTRUCTIONS**

IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV.

ELSE GO TO BOX ST38B.

# ST38

Numeric

## QUESTION TEXT

HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE?

## FIELD 1: MONTHCOV

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST38 - MONCOV96 |
|       | Empty                | ST38 - MONCOV96 |
|       | Don't Know           | ST38 - MONCOV96 |
|       | Refused              | ST38 - MONCOV96 |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| XCEV.MONTHCOV | 1               |

## FIELD 2: MONCOV96

### FIELD 2 ROUTING

| Value | Label             | Route     |
|-------|-------------------|-----------|
| 1     | LESS THAN 1 MONTH | BOX ST38A |
|       | Empty             | BOX ST38A |

**FIELD 2 ATTRIBUTES**

| <b>Cheshire Name</b>   | <b>Answers Allowed</b> |
|--|------------------------|
| NONE<br><br>WE NEED TO TRANSFORM MONCOV96=1<br>BACK TO XCEV.MONTHCOV=96. | 1                      |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Collect # of months on XCEV:

XCEV key = XCEV.XCEVBAS1 + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of OM Rental event being asked about.

# BOX ST38A

## **BOX INSTRUCTIONS**

IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV.

ELSE GO TO BOX ST38B.

# BOX ST38B

## **BOX INSTRUCTIONS**

IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS.

ELSE GO TO ST39 - STOMMTCH.

# ST38A

Numeric

## QUESTION TEXT

HOW MANY PURCHASES OF (NAME OF ONE ITEM) ARE COVERED BY THIS CHARGE BUNDLE?

## FIELD 1: NUMLINKS

### FIELD 1 ROUTING

| Value | Label                | Route      |
|-------|----------------------|------------|
| 1     | [Continuous answer.] | BOX ST38AA |
|       | Don't Know           | BOX ST38AA |
|       | Refused              | BOX ST38AA |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| XCEV.NUMLINKS | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Collect # of purchases on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 +  
XCEV.XCEVEVNT

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of OM Ostomy Supplies, Incontinence supplies, or bandages being asked about.

ST38A is asked of all Ostomy Supplies, Incontinence Supplies and Bandages linked to charge bundle.

However, in addition to collecting the number of purchases covered by the charge bundle at ST38A, if the OM event was added at OM24 - OTHRTYPE, we will copy ST38A - NUMLINKS to

the current round PMRO.GETNUM on PMRO where PMRO.PMRORND = current round and PMRO.PMROEVNT = this new OM event.

| Variable Name | Assignment Instructions   |
|---------------|---|
| GETNUM        | If OM event was just added at OM24 - OTHRTYPE, set PMRO.GETNUM = this OM event's ST38A - NUMLINKS. Set on PMRO where PMRO.PMROEVNT = this OM EVNT.EVNTNUM and PMRO.PMRORND = current round. |

# BOX ST38AA

## **BOX INSTRUCTIONS**

IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS.

ELSE GO TO ST39 - STOMMTCH.



# ST39

Code 1

## QUESTION TEXT

ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?

## FIELD 1: STOMMTCH

### FIELD 1 ROUTING

| Value | Label                           | Route                |
|-------|---------------------------------|----------------------|
| 1     | YES                             | BOX ST40             |
| 2     | NO, NEED TO ADD AN OME EVENT    | ST34 - STOMUPD       |
| 3     | NO, NEED TO REMOVE AN OME EVENT | ST40 - EVENT_STOMDEL |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display all Events linked to this charge bundle where XCEV.XCEVEVNT = the EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for the Charge Bundle and XCEV.DELLINK ^=1/Yes. Display PMs followed by OM events, HH events and then other provider service events.

NOTE: This report is shared by other questions. Not all Event types will be applicable at each screen.

Report header: EVENTS IN CHARGE BUNDLE

Report layout:

Column 1, header =Type

Display EVNT.EVNTTYPE

Column 2, NO HEADER.

If EVNT.RENTPROB=2/Rent and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display "R".

Else do not display.

Column 3, header = Description

If EVNT.EVNTTYPE = OM then

If EVNT.STOMTYPE = 91, display EVOS.EVOSTEXT on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.

Else display EVNT.STOMTYPE response text.

Else if EVNT.EVNTTYPE = PM, display EVNT.PMEDNAME.

Else display PROV.PROVNAME on PROV where PROV.PROVNUM = this EVNT.EVNTPROV.

Column 4, header = Start Date

If EVNT.EVNTTYPE = HF or HP,  
display COST START DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = DU, ER, IP, IU, OP, MP, SD or SL) or

(EVNT.EVNTTYPE = OM and  
((EVNT.OTHRTYPE ^= 5/OstomySupplies and  
^= 6/IncontinenceSupplies and ^= 7/Bandages) or  
(EVNT.OTHRTYPE = EMPTY)) and  
((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY))),

display EVENT DATE in "Mon DD YYYY" format.

Else do not display.

Column 5, header = Stop Date

If EVNT.EVNTTYPE = HF or HP,  
display COST STOP DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = IU) or

(EVNT.EVNTTYPE = IP and  
EVNT.IPSTATUS ^= 1/StillInHospital) or

(EVNT.EVNTTYPE = OM and EVNT.RENTPROB = 2/Rent and

(EVNT.RENTSTIL = 2/No, DK, or RF) and  
 ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or  
 (EVNT.RENT2BUY = EMPTY))),

display EVNT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 6, header = Status

If EVNT.VISTTYPE = 2/RepeatVisit, display "RV".

Else if

(EVNT.EVNTTYPE = OM and  
 EVNT.OMSTATUS = 1/AlterationNotComplete) or

(EVNT.EVNTTYPE = IP and EVNT.IPSTATUS = 1/StillInHospital),

display "ON".

Else if EVNT.RENTSTIL = 1/Yes, display "RR".

Else if EVNT.RENT2BUY=2/PurchasedRentToBuy, display "OW".

Else do not display.

Column 7, header = # Visits

If EVNT.VISTTYPE = 2/RepeatVisit, display XCEV.RVLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for  
 this charge bundle.

Else do not display.

Column 8, header = # Purchases

If (EVNT.EVNTTYPE = PM) or  
 (EVNT.EVNTTYPE = OM and  
 (EVNT.OTHRTYPE = 5/OstomySupplies,  
 6/IncontinenceSupplies, or 7/Bandages)),

display XCEV.NUMLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVNTNUM and  
 XCEV.XCEVCOST = the COST.COSTNUM for this charge bundle.

Else do not display.

Column 9,  
If Event Date is out of Survey Reference Period, display "ORP".  
Else do not display.

# ST40

## Roster

### QUESTION TEXT

SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.

### FIELD 1: EVENT STOMDEL

#### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST39 - STOMMTCH |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all OME events linked to this charge bundle:

There is an EVNT where:  
EVNT.EVNTTYPE = 'OM', and

There is an XCEV where:  
XCEV.XCEVEVNT = this EVNT.EVNTNUM, and  
XCEV.XCEVCOST = COST.COSTNUM for this charge bundle, and  
XCEV.DELLINK ^= 1/Yes.

Display in order of entry.

**ROSTER/GRID DISPLAY**

| <b>Column #</b> | <b>Header</b>                  | <b>Instructions</b>  |
|-----------------|--------------------------------|--|
| 2               | OME Type                       | If EVNT.STOMTYPE = 91/Other, display Other Specify Text, EVOS.EVOSTEXT, on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.<br>Else display EVNT.STOMTYPE response text.  |
| 3               | Purchase or Repair/Rental Date | If (EVNT.OTHRTYPE ^= 5/OstomySupplies and EVNT.OTHRTYPE ^= 6/IncontinenceSupplies and EVNT.OTHRTYPE ^= 7/Bandages) and (EVNT.OMSTATUS ^= 1/AlterationNotComplete), display EVENT DATE in "Mon DD YYYY" format.<br>Else do not display. |
| 4               | Rental Stop Date               | if (EVNT.RENTSTIL = 2/No, DK, or RF) and (EVNT.RENT2BUY ^= 2/PurchasedRentToBuy), display EVENT END DATE in "Mon DD YYYY" format.<br>Else do not display.  |
| 5               | Status                         | If EVNT.OMSTATUS = 1/AlterationNotComplete, display "ON".<br>Else if EVNT.RENTSTIL = 1/Yes, display "RR".<br>Else if EVNT.RENT2BUY = 2/PurchasedRentToBuy, display "OW".<br>Else do not display.                                       |

| Column # | Header      | Instructions  |
|----------|-------------|---|
| 6        | # Purchases | If (EVNT.OTHRTYPE = 5/OstomySupplies, 6/IncontinenceSupplies, or 7/Bandages), display XCEV.NUMLINKS on XCEV where XCEV.XCEVEVNT = this EVNT.EVNTNUM and XCEV.XCEVCOST = this COST.COSTNUM. Else do not display. |
| 7        | Round       | If (EVNT.OTHRTYPE ^= 5/OstomySupplies and EVNT.OTHRTYPE ^= 6/IncontinenceSupplies and EVNT.OTHRTYPE ^= 7/Bandages), 7/Bandages, display 'R' + EVNT.EVNTRNDC. EX: R45 Else do not display.                       |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 + XCEV.XCEVEVNT

XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected at ST40

Each Event selected at ST40 will be flagged as "deleted" on XCEV. The event will no longer be "linked" to the charge bundle being asked about. See detailed instructions below.

| Variable Name | Assignment Instructions  |
|---------------|--|
| DELLINK       | Set XCEV.DELLINK = 1/Yes on XCEV where XCEV.XCEVCOST = this COST.COSTNUM and XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected. |

**DESIGN NOTES**

DISABLE PREVIOUS PAGE.



# BOX ST40

## **BOX INSTRUCTIONS**

IF ST12 – INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT\_STPM.

ELSE GO TO BOX ST45.

# ST41

## Roster

### QUESTION TEXT

SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT).

### FIELD 1: EVENT\_STPM

#### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST42 - NUMLINKS |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Prescription Medicine events where:

EVNT.EVNTDFLG ^=1/Yes, and  
EVNT.EVNTTYPE='PM'.

Display in alphabetical order.

#### ROSTER/GRID DISPLAY

| Column # | Header        | Instructions  |
|----------|---------------|---|
| 1        | Medicine Name | Display prescription medicine name, EVNT.PMEDNAME.                |
| 2        | Strength      | Display prescription medicine strength text field, EVNT.PMSTRUNI. |

## BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:

EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM

EVNT.EVNTNUM = Number of PM event selected at ST41.

If Prescription Medicine added at Prescription Medicine Roster, see PRESCRIPTION MEDICINE ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated at the Prescription Medicine Roster:

|               |   |
|---------------|---|
| EVNT.EVNTNUM  | Event number                              |
| EVNT.EVNTRNDC | Round number                              |
| EVNT.EVNTTYPE | PM  |
| EVNT.PMEDNAME | Prescription Medicine name                |
| EVNT.PMSTRUNI | Prescription Medicine strength text field |
| EVNT.EVNTPROV | 02  |
| BASE.LASTEVT  | Highest EVNT.EVNTNUM                      |

If PM added at ST41, create a current round PMRO:

PMRO key = PMRO.PMROBASE + PMRO.PMROEVNT + PMRO.PMRORND

PMRO.PMROEVNT = EVNT.EVNTNUM of PM event selected at ST41.

PMRO.PMRORND = current round.

Set PMRO fields as specified below.

FOR ALL PM'S SELECTED AT ST41 ("SELECTED" refers to any PM selected from Roster, whether or not PM was just ADDED or PRE-EXISTED on the roster), create an XCEV record for each PM event selected at ST41 to link the event to the charge bundle being asked about. XCEV record may already exist.

If XCEV record does not exist, create XCEV record:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 + XCEV.XCEVEVNT

XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of PM event selected at ST41.

Set fields as specified below:

| Variable Name | Assignment Instructions   |
|---------------|---|
| PMROEVNT      | If PM added at ST41, create PMRO where PMRO.PMROEVNT = EVNT.EVNTNUM of event added.                     |
| PMRORND       | If PM added at ST41, create PMRO where PMRO.PMRORND = current round.                                    |
| PMROTYPE      | If PM added at ST41, set PMRO.PMROTYPE = PM.  |
| EVCHGFLG      | If PM added at ST41, set EVNT.EVCHGFLG = 1/Yes.   |
| XCEVCOST      | For each PM selected at ST41, create XCEV where XCEV.XCEVCOST = this COST.COSTNUM.                      |
| XCEVEVNT      | For each PM selected at ST41, create XCEV where XCEV.XCEVEVNT = EVNT.EVNTNUM of PM selected (or added). |
| XCEVRNDC      | Set XCEV.XCEVRNDC = current round.  |
| DELLINK       | If XCEV exists and XCEV.DEMLINK = 1/Yes, update XCEV.DEMLINK = empty.                                   |
| EVCHGLOC      | If Event added, set EVNT.EVCHGLOC = 'ST'.   |

## DESIGN NOTES

Interviewer can add and/or select PMs at this roster. We do not create PMROs for existing PMs that are selected.

# ST42

Grid

## QUESTION TEXT

HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE?

## FIELD 1: NUMLINKS

### FIELD 1 ROUTING

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST42 |
|       | Don't Know           | BOX ST42 |
|       | Refused              | BOX ST42 |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| XCEV.NUMLINKS | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### ROSTER/GRID INSTRUCTIONS

Display all Prescription Medicine events linked to this charge bundle:

There is an EVNT where:  
EVNT.EVNTTYPE = 'PM', and

There is an XCEV where:  
XCEV,XCEVEVNT = this EVNT.EVNTNUM, and  
XCEV.XCEVCOST = COST.COSTNUM for this charge bundle, and  
XCEV.DELLINK ^= 1/Yes.

Display in alphabetical order based on EVNT.PMEDNAME.

**ROSTER/GRID DISPLAY**

| Column # | Header        | Instructions  |
|----------|---------------|---|
| 1        | Medicine Name | Display the name and strength of the medicine, EVNT.PMEDNAME + ' ' + EVNT.PMSTRUNI. Display only. |
| 2        | # Purchases   | XCEV.NUMLINKS. Input column 1.  |

**BACKGROUND VARIABLE ASSIGNMENTS**

Collect # of purchases on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 + XCEV.XCEVEVNT

XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.

XCEV.XCEVEVNT = EVNT.EVNTNUM of PM being asked about.

| Variable Name | Assignment Instructions  |
|---------------|--|
| GETNUM        | If PM was added at ST41, set PMRO.GETNUM = this PM event's ST42 - NUMLINKS. Set on PMRO where PMRO.PMROEVNT = this PM EVNT.EVNTNUM and PMRO.PMRORND = current round. |

# BOX ST42

## **BOX INSTRUCTIONS**

IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT ST41, GO TO ST43 - STPMINTRO.

ELSE GO TO ST44 - STPMMTCH.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

BOX ST42 should only route to ST43 if PM was added as a new PM event at ST41, not if the PM already existed on roster and was selected.

# ST43

No Entry

## QUESTION TEXT

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).]

## FIELD 1: STPMINTRO

### FIELD 1 ROUTING

| Value | Label    | Route               |
|-------|----------|---------------------|
| 1     | CONTINUE | PM6A_IN - NAVIGATOR |
|       | Empty    | PM6A_IN - NAVIGATOR |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### DESIGN NOTES

ST43 calls PM section. PM will collect event details for all PMs added at ST41.

PM returns to ST at BOX ST43.



# BOX ST43

## **BOX INSTRUCTIONS**

GO TO ST44 - STPMMTCH.

## **OTHER PROGRAMMING INSTRUCTIONS**

## **DESIGN NOTES**

Return from PM section at BOX ST43.

# ST44

Code 1

## QUESTION TEXT

ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW?

## FIELD 1: STPMMTCH

### FIELD 1 ROUTING

| Value | Label                              | Route                |
|-------|------------------------------------|----------------------|
| 1     | YES                                | BOX ST45             |
| 2     | NO, NEED TO ADD A MEDICINE NAME    | ST41 - EVENT_STPM    |
| 3     | NO, NEED TO REMOVE A MEDICINE NAME | ST45 - EVENT_STPMDEL |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below question text.

Display all Events linked to this charge bundle where XCEV.XCEVEVNT = the EVNT.EVNTNUM and XCEV.XCEVCOST = the COST.COSTNUM for the Charge Bundle and XCEV.DELLINK ^=1/Yes. Display PMs followed by OM events, HH events and then other provider service events.

NOTE: This report is shared by other questions. Not all Event types will be applicable at each screen.

Report header: EVENTS IN CHARGE BUNDLE

Report layout:

Column 1, header =Type  
Display EVNT.EVNTTYPE

Column 2, NO HEADER.

If EVNT.RENTPROB=2/Rent and ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or (EVNT.RENT2BUY = EMPTY)), display "R".

Else do not display.

Column 3, header = Description

If EVNT.EVNTTYPE = OM then

If EVNT.STOMTYPE = 91, display EVOS.EVOSTEXT on EVOS where EVOS.EVOSEVNT = this EVNT.EVNTNUM.

Else display EVNT.STOMTYPE response text.

Else if EVNT.EVNTTYPE = PM, display EVNT.PMEDNAME.

Else display PROV.PROVNAME on PROV where PROV.PROVNUM = this EVNT.EVNTPROV.

Column 4, header = Start Date

If EVNT.EVNTTYPE = HF or HP,  
display COST START DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = DU, ER, IP, IU, OP, MP, SD or SL) or

(EVNT.EVNTTYPE = OM and  
((EVNT.OTHRTYPE ^= 5/OstomySupplies and  
^= 6/IncontinenceSupplies and ^= 7/Bandages) or  
(EVNT.OTHRTYPE = EMPTY)) and  
((EVNT.OMSTATUS ^= 1/AlterationNotComplete) or (EVNT.OMSTATUS = EMPTY))),

display EVENT DATE in "Mon DD YYYY" format.

Else do not display.

Column 5, header = Stop Date

If EVNT.EVNTTYPE = HF or HP,  
display COST STOP DATE in "Mon DD YYYY" format.

Else if (EVNT.EVNTTYPE = IU) or

(EVNT.EVNTTYPE = IP and  
EVNT.IPSTATUS ^= 1/StillInHospital) or

(EVNT.EVENTTYPE = OM and EVNT.RENTPROB = 2/Rent and  
 (EVNT.RENTSTIL = 2/No, DK, or RF) and  
 ((EVNT.RENT2BUY ^= 2/PurchasedRentToBuy) or  
 (EVNT.RENT2BUY = EMPTY))),

display EVNT END DATE in "Mon DD YYYY" format.

Else do not display.

Column 6, header = Status

If EVNT.VISTTYPE = 2/RepeatVisit, display "RV".

Else if

(EVNT.EVENTTYPE = OM and  
 EVNT.OMSTATUS = 1/AlterationNotComplete) or

(EVNT.EVENTTYPE = IP and EVNT.IPSTATUS = 1/StillInHospital),

display "ON".

Else if EVNT.RENTSTIL = 1/Yes, display "RR".

Else if EVNT.RENT2BUY=2/PurchasedRentToBuy, display "OW".

Else do not display.

Column 7, header = # Visits

If EVNT.VISTTYPE = 2/RepeatVisit, display XCEV.RVLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVENTNUM and XCEV.XCEVCOST = the COST.COSTNUM for  
 this charge bundle.

Else do not display.

Column 8, header = # Purchases

If (EVNT.EVENTTYPE = PM) or

(EVNT.EVENTTYPE = OM and  
 (EVNT.OTHRTYPE = 5/OstomySupplies,  
 6/IncontinenceSupplies, or 7/Bandages)),

display XCEV.NUMLINKS on XCEV where  
 XCEV.XCEVEVNT = this EVNT.EVENTNUM and  
 XCEV.XCEVCOST = the COST.COSTNUM for this charge bundle.

Else do not display.

Column 9,

If Event Date is out of Survey Reference Period, display "ORP".

Else do not display.

# ST45

## Roster

### QUESTION TEXT

SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE.

### FIELD 1: EVENT STPMDEL

#### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST44 - STPMMTCH |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all Prescription Medicine events linked to this charge bundle:

There is an EVNT where:  
EVNT.EVNTTYPE = 'PM', and

There is an XCEV where:  
XCEV.XCEVEVNT = this EVNT.EVNTNUM, and  
XCEV.XCEVCOST = COST.COSTNUM for this charge bundle, and  
XCEV.DELLINK ^= 1/Yes.

Display in alphabetical order based on EVNT.PMEDNAME.

**ROSTER/GRID DISPLAY**

| Column # | Header        | Instructions   |
|----------|---------------|--|
| 1        | Medicine Name | Display name of PM, EVNT.PMEDNAME.   |
| 2        | Strength      | Display prescription medicine strength text field, EVNT.PMSTRUNI.  |
| 3        | # Purchases   | Display XCEV.NUMLINKS on XCEV where XCEV.XCEVEVNT = this EVNT.EVNTNUM and XCEV.XCEVCOST = COST.COSTNUM for this charge bundle. |

**BACKGROUND VARIABLE ASSIGNMENTS**

Roster details will be collected on XCEV:

XCEV key = XCEV.XCEVBASE + XCEV.XCEVCOST + XCEV.XCEVBAS2 + XCEV.XCEVEVNT  
 XCEV.XCEVBASE and XCEV.XCEVBAS2 = BASE.BASEID.  
 XCEV.XCEVCOST = COST.COSTNUM of charge bundle being asked about.  
 XCEV.XCEVEVNT = EVNT.EVNTNUM of PM event selected at ST45.

Each PM Event selected at ST45 will be flagged as "deleted" on XCEV. The event will no longer being "linked" to the charge bundle being asked about. See detailed instructions below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| DELLINK       | Set XCEV.DEELLINK = 1/Yes on XCEV where XCEV.XCEVCOST = this COST.COSTNUM and XCEV.XCEVEVNT = EVNT.EVNTNUM of event selected. |

**DESIGN NOTES**

DISABLE PREVIOUS PAGE.

# BOX ST45

## **BOX INSTRUCTIONS**

IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE.

ELSE GO TO BOX ST46.



# ST46

No Entry

**QUESTION TEXT**

SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE.

**FIELD 1: ORPMESSAGE****FIELD 1 ROUTING**

| Value | Label    | Route    |
|-------|----------|----------|
| 1     | CONTINUE | BOX ST80 |
|       | Empty    | BOX ST80 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# BOX ST46

## **BOX INSTRUCTIONS**

IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 – STTTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPartB), GO TO ST47 - ASGNTAKE.

ELSE GO TO BOX ST47.

# ST47

Code 1

**QUESTION TEXT**

WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE?

**FIELD 1: ASGNTAKE****FIELD 1 ROUTING**

| Value | Label      | Route    |
|-------|------------|----------|
| 1     | YES        | BOX ST47 |
| 2     | NO         | BOX ST47 |
| 3     | CAN'T TELL | BOX ST47 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.ASGNTAKE | 1               |

# BOX ST47

## **BOX INSTRUCTIONS**

IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG.

ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG.

ELSE IF ST5 - MCARTYPE = 4/MSNPartB, GO TO ST52 - TOTALCHG.

ELSE IF ST5 - MCARTYPE = 6/MSNPartAInpatient, GO TO ST56 - DAYSUSED.

ELSE GO TO ST60 - TOTALCHG.

| Variable Name | Assignment Instructions   |
|---------------|---|
| TOTALTYP      | If ST5 -MCARTYPE ^= 6/MSNPartAInpatient, set CORO.TOTALTYP = 1/TotalCharge on CORO where CORO.CORORND = current round and CORO.COROCOST = this ST charge bundle COST.COSTNUM. |

**ST47A**

Dollar

**QUESTION TEXT**

ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT. IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT.

**FIELD 1: TOTALCHG****FIELD 1 ROUTING**

| Value | Label                | Route              |
|-------|----------------------|--------------------|
| 1     | [Continuous answer.] | ST64 - STTCHGPAID2 |
|       | Don't Know           | ST64 - STTCHGPAID2 |
|       | Refused              | ST64 - STTCHGPAID2 |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--------------------------|
| STDATQNO      | COST.STDATQNO = 8/ST47A. |

# ST48

Numeric

## QUESTION TEXT

ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT). IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW".

[SEE SHOWCARD ST2 FOR TRICARE STATEMENT EXAMPLES.]

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST48 - MCAPPAMT |
|       | Don't Know           | ST48 - MCAPPAMT |
|       | Refused              | ST48 - MCAPPAMT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: MCAPPAMT

### FIELD 2 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST48 - MCPAYAMT |
|       | Don't Know           | ST48 - MCPAYAMT |
|       | Refused              | ST48 - MCPAYAMT |

**FIELD 2 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCAPPAMT | 1               |

**FIELD 3: MCPAYAMT****FIELD 3 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST48 |
|       | Don't Know           | BOX ST48 |
|       | Refused              | BOX ST48 |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCPAYAMT | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

CALCULATE COST.AREMAING:

If ST47 - ASGNTAKE = 1/Yes and ((ST48 - MCAPPAMT  $\neq$  DK, RF) and (ST48 - MCPAYAMT  $\neq$  DK, RF)), set COST.AREMAING = (MCAPPAMT - MCPAYAMT);

Else if (ST47 - ASGNTAKE = 2/No or 3/CantTell) and ((ST48 - TOTALCHG  $\neq$  DK, RF) and (ST48 - MCPAYAMT  $\neq$  DK, RF)), set COST.AREMAING = (TOTALCHG - MCPAYAMT);

Else if ST47 - ASGNTAKE = 3/CantTell and ((ST48 - MCAPPAMT  $\neq$  DK, RF) and (ST48 - MCPAYAMT  $\neq$  DK, RF)), set COST.AREMAING = (MCAPPAMT - MCPAYAMT);

Else set COST.AREMAING = empty.

If Calculated Amount Remaining is < 0, reset COST.AREMAING = 0.

| Variable Name | Assignment Instructions                                    |
|---------------|--|
| STDATQNO      | COST.STDATQNO = 1/ST48.                                    |
| TOTALAMT      | COST.TOTALAMT = ST48 - TOTALCHG.                           |
| AREMAING      | Set COST.AREMAING based on calculation instructions above. |
| ARCALFLG      | Set COST.ARCALFLG = 1/Yes.                                 |



# BOX ST48

## **BOX INSTRUCTIONS**

IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51.

ELSE IF (AMOUNT REMAINING < \$1.00) OR ((ST48 - MCAPPAMT  $\neq$  DK OR RF) AND (AMOUNT REMAINING < .02 \* ST48 - MCAPPAMT)), GO TO BOX ST80.

ELSE GO TO ST49 - STTCHGPAID1.

# ST49

Code 1

## QUESTION TEXT

REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN 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 (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?

## FIELD 1: STTCHGPAID1

### FIELD 1 ROUTING

| Value | Label                        | Route           |
|-------|------------------------------|-----------------|
| 1     | SP OR ANY SOURCE PAID        | BOX ST64A       |
| 2     | NOTHING HAS BEEN PAID        | BOX ST64A       |
| 3     | AMOUNT REMAINING SEEMS WRONG | ST50 - CHANGAMT |
|       | Don't Know                   | BOX ST64A       |
|       | Refused                      | BOX ST64A       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| ARWRONG       | If ST49 - STTCHGPAID1 = 3/AmountRemaingWrong, set COST.ARWRONG = 1/Yes.  |
| TCHGPAID      | If ST49 - STTCHGPAID1 = 1/SomeonePaid, set CORO.TCHGPAID = 1/Yes.<br>Else if ST49 - STTCHGPAID1 = 2/NothingPaid, set CORO.TCHGPAID = 2/No.<br>Else if ST49 - STTCHGPAID1 = DK, set CORO.TCHGPAID = DK.<br>Else if ST49 - STTCHGPAID1 = RF, set CORO.TCHGPAID = RF. |

# ST50

Yes/No

**QUESTION TEXT**

THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT:

TOTAL CHARGE/BILLED AMOUNT: (TOTAL CHARGE AMOUNT)

TOTAL MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT)

TOTAL MEDICARE PAYMENT: (MEDICARE PAYMENT)

AMOUNT REMAINING AFTER MEDICARE PAYMENT: (AMOUNT REMAINING)

DO YOU WANT TO MAKE ANY CHANGES?

**FIELD 1: CHANGAMT****FIELD 1 ROUTING**

| Value | Label | Route           |
|-------|-------|-----------------|
| 1     | YES   | ST51 - TOTALCHG |
| 2     | NO    | BOX ST51        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.CHANGAMT | 1               |

# ST51

Numeric

## QUESTION TEXT

MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST51 - MCAPPAMT |
|       | Don't Know           | ST51 - MCAPPAMT |
|       | Refused              | ST51 - MCAPPAMT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: MCAPPAMT

### FIELD 2 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST51 - MCPAYAMT |
|       | Don't Know           | ST51 - MCPAYAMT |
|       | Refused              | ST51 - MCPAYAMT |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCAPPAMT | 1               |

**FIELD 3: MCPAYAMT****FIELD 3 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST51 |
|       | Don't Know           | BOX ST51 |
|       | Refused              | BOX ST51 |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCPAYAMT | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

CALCULATE COST.AREMAING:

if ST47 - ASGNTAKE = 1/Yes and ((ST51 - MCAPPAMT ^= DK, RF) and (ST51 - MCPAYAMT ^= DK, RF)), set COST.AREMAING = (MCAPPAMT - MCPAYAMT);

Else if (ST47 - ASGNTAKE = 2/No or 3/CantTell) and ((ST51 - TOTALCHG ^= DK, RF) and (ST51 - MCPAYAMT ^= DK, RF)), set COST.AREMAING = (TOTALCHG - MCPAYAMT);

Else if ST47 - ASGNTAKE = 3/CantTell and ((ST51 - MCAPPAMT ^= DK, RF) and (ST51 - MCPAYAMT ^= DK, RF)), set COST.AREMAING = (MCAPPAMT - MCPAYAMT);

Else set COST.AREMAING = empty.

If Calculated Amount Remaining is < 0, reset COST.AREMAING = 0.

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| TOTALAMT      | COST.TOTALAMT = ST51 - TOTALCHG. |

| Variable Name | Assignment Instructions                                    |
|---------------|--|
| AREMAING      | Set COST.AREMAING based on calculation instructions above. |

# BOX ST51

## **BOX INSTRUCTIONS**

IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < \$1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 \* ST51 - MCAPPAMT))), GO TO BOX ST80.

ELSE GO TO ST64 - STTCHGPAID2.



# ST52

Numeric

## QUESTION TEXT

ENTER THE FOLLOWING AMOUNTS FROM THE MSN:

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST52 - MCAPPAMT |
|       | Don't Know           | ST52 - MCAPPAMT |
|       | Refused              | ST52 - MCAPPAMT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: MCAPPAMT

### FIELD 2 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST52 - MCPAYAMT |
|       | Don't Know           | ST52 - MCPAYAMT |
|       | Refused              | ST52 - MCPAYAMT |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCAPPAMT | 1               |

**FIELD 3: MCPAYAMT****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST52 - MAYBBILL |
|       | Don't Know           | ST52 - MAYBBILL |
|       | Refused              | ST52 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCPAYAMT | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST52 |
|       | Don't Know           | BOX ST52 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

CALCULATE COST.AREMAING:

If ST47 - ASGNTAKE = 1/Yes, set COST.AREMAING = ST52 -MAYBBILL.

Else if ST47 - ASGNTAKE = 2/No and (ST52 - TOTALCHG = DK or RF) or (ST52 - MCPAYAMT = DK or RF), set COST.AREMAING = DK;

Else set COST.AREMAING = (TOTALCHG - MCPAYAMT). If calculated Amount Remaining is < 0, then reset COST.AREMAING = 0.

| Variable Name | Assignment Instructions                                    |
|---------------|--|
| STDATQNO      | COST.STDATQNO = 5/ST52.                                    |
| TOTALAMT      | COST.TOTALAMT = ST52 - TOTALCHG.                           |
| AREMAING      | Set COST.AREMAING based on calculation instructions above. |
|               |  |

# BOX ST52

## **BOX INSTRUCTIONS**

IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST55.

ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80.

ELSE GO TO ST53 - STTCHGPAID1.

# ST53

Code 1

## QUESTION TEXT

REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE. THEN 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 (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount?

## FIELD 1: STTCHGPAID1

### FIELD 1 ROUTING

| Value | Label                        | Route           |
|-------|------------------------------|-----------------|
| 1     | SP OR ANY SOURCE PAID        | BOX ST64A       |
| 2     | NOTHING HAS BEEN PAID        | BOX ST64A       |
| 3     | AMOUNT REMAINING SEEMS WRONG | ST54 - CHANGAMT |
|       | Don't Know                   | BOX ST64A       |
|       | Refused                      | BOX ST64A       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| ARWRONG       | If ST53 - STTCHGPAID1 = 3/AmountRemaingWrong, set COST.ARWRONG = 1/Yes.  |
| TCHGPAID      | If ST53 - STTCHGPAID1 = 1/SomeonePaid, set CORO.TCHGPAID = 1/Yes.<br>Else if ST53 - STTCHGPAID1 = 2/NothingPaid, set CORO.TCHGPAID = 2/No.<br>Else if ST53 - STTCHGPAID1 = DK, set CORO.TCHGPAID = DK.<br>Else if ST53 - STTCHGPAID1 = RF, set CORO.TCHGPAID = RF. |

# ST54

Yes/No

**QUESTION TEXT**

THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) :

AMOUNT CHARGED: (TOTAL CHARGE AMOUNT)

MEDICARE APPROVED: (MEDICARE APPROVED AMOUNT)

MEDICARE PAID: (MEDICARE PAYMENT)

YOU MAY BE BILLED: (MAY BE BILLED)

DO YOU WANT TO MAKE ANY CHANGES?

**FIELD 1: CHANGAMT****FIELD 1 ROUTING**

| Value | Label | Route           |
|-------|-------|-----------------|
| 1     | YES   | ST55 - TOTALCHG |
| 2     | NO    | BOX ST55        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.CHANGAMT | 1               |

# ST55

Numeric

## QUESTION TEXT

MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST55 - MCAPPAMT |
|       | Don't Know           | ST55 - MCAPPAMT |
|       | Refused              | ST55 - MCAPPAMT |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: MCAPPAMT

### FIELD 2 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST55 - MCPAYAMT |
|       | Don't Know           | ST55 - MCPAYAMT |
|       | Refused              | ST55 - MCPAYAMT |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCAPPAMT | 1               |



**FIELD 3: MCPAYAMT****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST55 - MAYBBILL |
|       | Don't Know           | ST55 - MAYBBILL |
|       | Refused              | ST55 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MCPAYAMT | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST55 |
|       | Don't Know           | BOX ST55 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

CALCULATE COST.AREMAING:

If ST47 - ASGNTAKE = 1/Yes, set COST.AREMAING = ST55 -MAYBBILL.

Else if ST47 - ASGNTAKE = 2/No and (ST55 - TOTALCHG = DK or RF) or (ST55 - MCPAYAMT = DK or RF), set COST.AREMAING = DK;  
Else set COST.AREMAING = (TOTALCHG - MCPAYAMT). If calculated Amount Remaining is < 0, reset COST.AREMAING = 0.

| Variable Name | Assignment Instructions                                    |
|---------------|--|
| TOTALAMT      | COST.TOTALAMT = ST55 - TOTALCHG.                           |
| AREMAING      | Set COST.AREMAING based on calculation instructions above. |

# BOX ST55

## **BOX INSTRUCTIONS**

IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80.

ELSE GO TO ST64 - STTCHGPAID2.

# ST56

Numeric

## QUESTION TEXT

ENTER THE FOLLOWING AMOUNTS FROM THE MSN.

DISREGARD "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT.

## FIELD 1: DAYSUSED

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST56 - NONCOVRD |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.DAYSUSED | 1               |

## FIELD 2: NONCOVRD

### FIELD 2 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST56 - COINSUR |
|       | Don't Know           | ST56 - COINSUR |
|       | Refused              | ST56 - COINSUR |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.NONCOVRD | 1               |

**FIELD 3: COINSUR****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST56 - MAYBBILL |
|       | Don't Know           | ST56 - MAYBBILL |
|       | Refused              | ST56 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COINSUR  | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST56 |
|       | Don't Know           | BOX ST56 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| STDATQNO      | COST.STDATQNO = 6/ST56ST60.      |
| AREMAING      | COST.AREMAING = ST56 - MAYBBILL. |

# BOX ST56

## **BOX INSTRUCTIONS**

IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59.

ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80.

ELSE GO TO ST57 - STTCHGPAID1.

# ST57

Code 1

## QUESTION TEXT

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

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

## FIELD 1: STTCHGPAID1

### FIELD 1 ROUTING

| Value | Label                        | Route           |
|-------|------------------------------|-----------------|
| 1     | SP OR ANY SOURCE PAID        | BOX ST64A       |
| 2     | NOTHING HAS BEEN PAID        | BOX ST64A       |
| 3     | AMOUNT REMAINING SEEMS WRONG | ST58 - CHANGAMT |
|       | Don't Know                   | BOX ST64A       |
|       | Refused                      | BOX ST64A       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| ARWRONG       | If ST57 - STTCHGPAID1 = 3/AmountRemaingWrong, set COST.ARWRONG = 1/Yes.  |
| TCHGPAID      | If ST57 - STTCHGPAID1 = 1/SomeonePaid, set CORO.TCHGPAID = 1/Yes.<br>Else if ST57 - STTCHGPAID1 = 2/NothingPaid, set CORO.TCHGPAID = 2/No.<br>Else if ST57 - STTCHGPAID1 = DK, set CORO.TCHGPAID = DK.<br>Else if ST57 - STTCHGPAID1 = RF, set CORO.TCHGPAID = RF. |



# ST58

Yes/No

**QUESTION TEXT**

THESE AMOUNTS WERE ENTERED FROM THE MSN:

BENEFITS DAYS USED: (DAYS USED)

NON-COVERED CHARGES: (NON COVERED CHARGES)

DEDUCTIBLE AND COINSURANCE: (COINSURANCE)

YOU MAY BE BILLED: (MAY BE BILLED)

DO YOU WANT TO MAKE ANY CHANGES?

**FIELD 1: CHANGAMT****FIELD 1 ROUTING**

| Value | Label | Route           |
|-------|-------|-----------------|
| 1     | YES   | ST59 - DAYSUSED |
| 2     | NO    | BOX ST59        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.CHANGAMT | 1               |

# ST59

Numeric

## QUESTION TEXT

MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).

## FIELD 1: DAYSUSED

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST59 - NONCOVRD |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.DAYSUSED | 1               |

## FIELD 2: NONCOVRD

### FIELD 2 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST59 - COINSUR |
|       | Don't Know           | ST59 - COINSUR |
|       | Refused              | ST59 - COINSUR |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.NONCOVRD | 1               |

**FIELD 3: COINSUR****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST59 - MAYBBILL |
|       | Don't Know           | ST59 - MAYBBILL |
|       | Refused              | ST59 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COINSUR  | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST59 |
|       | Don't Know           | BOX ST59 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| AREMAING      | COST.AREMAING = ST59 - MAYBBILL. |

# BOX ST59

## **BOX INSTRUCTIONS**

IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80.

ELSE GO TO ST64 - STTCHGPAID2.

# ST60

Numeric

## QUESTION TEXT

ENTER THE FOLLOWING AMOUNTS FROM THE MSN.

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST60 - NONCOVRD |
|       | Don't Know           | ST60 - NONCOVRD |
|       | Refused              | ST60 - NONCOVRD |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: NONCOVRD

### FIELD 2 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST60 - COINSUR |
|       | Don't Know           | ST60 - COINSUR |
|       | Refused              | ST60 - COINSUR |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.NONCOVRD | 1               |

**FIELD 3: COINSUR****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST60 - MAYBBILL |
|       | Don't Know           | ST60 - MAYBBILL |
|       | Refused              | ST60 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COINSUR  | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST60 |
|       | Don't Know           | BOX ST60 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| STDATQNO      | COST.STDATQNO = 6/ST56ST60.      |
| TOTALAMT      | COST.TOTALAMT = ST60 - TOTALCHG. |

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| AREMAING      | COST.AREMAING = ST60 - MAYBBILL. |

# BOX ST60

## **BOX INSTRUCTIONS**

IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63.

ELSE IF AMOUNT REMAINING < \$1.00, GO TO BOX ST80.

ELSE GO TO ST61 - STTCHGPAID1.



# ST61

Code 1

## QUESTION TEXT

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

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

## FIELD 1: STTCHGPAID1

### FIELD 1 ROUTING

| Value | Label                        | Route           |
|-------|------------------------------|-----------------|
| 1     | SP OR ANY SOURCE PAID        | BOX ST64A       |
| 2     | NOTHING HAS BEEN PAID        | BOX ST64A       |
| 3     | AMOUNT REMAINING SEEMS WRONG | ST62 - CHANGAMT |
|       | Don't Know                   | BOX ST64A       |
|       | Refused                      | BOX ST64A       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| ARWRONG       | If ST61 - STTCHGPAID1 = 3/AmountRemaingWrong, set COST.ARWRONG = 1/Yes.  |
| TCHGPAID      | If ST61 - STTCHGPAID1 = 1/SomeonePaid, set CORO.TCHGPAID = 1/Yes.<br>Else if ST61 - STTCHGPAID1 = 2/NothingPaid, set CORO.TCHGPAID = 2/No.<br>Else if ST61 - STTCHGPAID1 = DK, set CORO.TCHGPAID = DK.<br>Else if ST61 - STTCHGPAID1 = RF, set CORO.TCHGPAID = RF. |

# ST62

Yes/No

**QUESTION TEXT**

THESE AMOUNTS WERE ENTERED FROM THE MSN:

AMOUNT CHARGED: (TOTAL CHARGE AMOUNT)

NON-COVERED CHARGES: (NON COVERED CHARGES)

DEDUCTIBLE AND COINSURANCE: (COINSURANCE)

YOU MAY BE BILLED: (MAY BE BILLED)

DO YOU WANT TO MAKE ANY CHANGES?

**FIELD 1: CHANGAMT****FIELD 1 ROUTING**

| Value | Label | Route           |
|-------|-------|-----------------|
| 1     | YES   | ST63 - TOTALCHG |
| 2     | NO    | BOX ST63        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.CHANGAMT | 1               |

# ST63

Numeric

## QUESTION TEXT

MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT).

## FIELD 1: TOTALCHG

### FIELD 1 ROUTING

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST63 - NONCOVRD |
|       | Don't Know           | ST63 - NONCOVRD |
|       | Refused              | ST63 - NONCOVRD |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.TOTALCHG | 1               |

## FIELD 2: NONCOVRD

### FIELD 2 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST63 - COINSUR |
|       | Don't Know           | ST63 - COINSUR |
|       | Refused              | ST63 - COINSUR |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.NONCOVRD | 1               |

**FIELD 3: COINSUR****FIELD 3 ROUTING**

| Value | Label                | Route           |
|-------|----------------------|-----------------|
| 1     | [Continuous answer.] | ST63 - MAYBBILL |
|       | Don't Know           | ST63 - MAYBBILL |
|       | Refused              | ST63 - MAYBBILL |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.COINSUR  | 1               |

**FIELD 4: MAYBBILL****FIELD 4 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST63 |
|       | Don't Know           | BOX ST63 |

**FIELD 4 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| COST.MAYBBILL | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| TOTALAMT      | COST.TOTALAMT = ST63 - TOTALCHG. |

| Variable Name | Assignment Instructions          |
|---------------|----------------------------------|
| AREMAING      | COST.AREMAING = ST63 - MAYBBILL. |

# BOX ST63

## **BOX INSTRUCTIONS**

IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < \$1.00), GO TO BOX ST80.

ELSE GO TO ST64 - STTCHGPAID2.

# ST64

Code 1

## QUESTION TEXT

REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO. POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S). (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN. OTHERWISE ASK:)

[The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).] [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this?

## FIELD 1: STTCHGPAID2

### FIELD 1 ROUTING

| Value | Label                 | Route     |
|-------|-----------------------|-----------|
| 1     | SP OR ANY SOURCE PAID | BOX ST64A |
| 2     | NOTHING HAS BEEN PAID | BOX ST64A |
|       | Don't Know            | BOX ST64A |
|       | Refused               | BOX ST64A |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |



**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions  |
|---------------|--|
| TCHGPAID      | If ST64 - STTCHGPAID2 = 1/SomeonePaid, set CORO.TCHGPAID = 1/Yes.<br>Else if ST64 - STTCHGPAID2 = 2/NothingPaid, set CORO.TCHGPAID = 2/No.<br>Else if ST64 - STTCHGPAID2 = DK, set CORO.TCHGPAID = DK.<br>Else if ST64 - STTCHGPAID2 = RF, set CORO.TCHGPAID = RF. |

# BOX ST64A

## **BOX INSTRUCTIONS**

IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B.

ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B.

ELSE GO TO BOX ST80.

# BOX ST64B

## **BOX INSTRUCTIONS**

CREATE SOURCE OF PAYMENT ROSTER

IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 – STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT.

ELSE GO TO ST65 - STADDSOP1.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

TSOP table is loaded once for each new Charge Bundle being asked about in ST..

TSOP key = TSOP.TSOPBASE + TSOP.TSOPNUM.

Before proceeding, delete all TSOP records and load all eligible Sources of Payments:

1st Record:

Always store SP/FAMILY:

TSOP.TSOPTEXT = "SP/FAMILY"

TSOP.TSOPATYPE = 1/SPFamily

2nd Record:

Always store Provider discount:

TSOP.TSOPTEXT = "PROVIDER DISCOUNT/COURTESY"

TSOP.TSOPATYPE = 2/ProvDiscount

3rd Record:

Always store Medicare:

TSOP.TSOPTEXT = "MEDICARE".

TSOP.TSOPATYPE = 6/Medicare

TSOP.TSOPPLAN = '01'

TSOP.TSOPPTYP = 1/Medicare

TSOP.TSOPDISP = "(MCAR)".

Next, store all Medicare HMOs SP was covered by during the survey reference period (not flagged as deleted).

If there is a PLAN with PLAN.PLANTYPE = 5/MHMO and a PLRO where PLRO.PLRORND >= (current round -2), store MHMO plan:

TSOP.TSOPTEXT = PLAN.PLNAME  
 TSOP.TSOPTYPE = 8/MHMO  
 TSOP.TSOPPLAN = PLAN.PLANNUM of MHMO plan  
 TSOP.TSOPPTYP = PLAN.PLANTYPE of MHMO plan  
 TSOP.TSOPDISP = "(MHMO)".

Repeat for all MHMO plans.

Next, store VA if eligible.

If (INTTYPE=8/ExitInterviewHadPrev and previous round HRND.VACOVER=1/Yes) or  
 (INTTYPE ^= 8/ExitInterviewHadPrev and current round HRND.VACOVER=1/Yes), store VA:

TSOP.TSOPTEXT = "V.A. - DEPT. OF VETERANS AFFAIRS"  
 TSOP.TSOPTYPE = 5/VA.

Next, store MEDICARE SUBSIDY:

TSOP.TSOPTEXT = "MEDICARE SUBSIDY"  
 TSOP.TSOPTYPE = 11/MedicareSubsidy.

Next, store EXTRA HELP:

TSOP.TSOPTEXT = "EXTRA HELP"  
 TSOP.TSOPTYPE = 12/ExtraHelp.

Next, store Medicaid, Public, Private, and Tricare plans SP was covered by during the survey reference period (not flagged as deleted).

If there is a PLAN with (PLAN.PLANTYPE = 2/Medicaid, 3/PublicPlan, 4/PrivatePlan, 6/Tricare or 7/MPDP) and a PLRO where PLRO.PLRORND >= (current round -2), store Plan:

TSOP.TSOPTEXT =  
     If PLAN.PLANTYPE = 2/Medicaid, TSOP.TSOPTEXT = 'MEDICAID/MEDICAID HMO';  
     Else if PLAN.PLANTYPE = 6/Tricare, TSOP.TSOPTEXT = "TRICARE".  
     Else TSOP.TSOPTEXT = PLAN.PLNAME;  
 If PLAN.PLANTYPE = 7/MPDP, set TSOP.TSOPTYPE = 10/MedicarePartD.  
 Else set TSOP.TSOPTYPE = 3/PlanNotMHMO  
 TSOP.TSOPPLAN = PLAN.PLANNUM of HI plan.  
 TSOP.TSOPPTYP = PLAN.PLANTYPE of HI plan.  
 TSOP.TSOPDISP =  
     If PLAN.PLANTYPE = 2/Medicaid, TSOP.TSOPDISP = "(MCAD)".  
     Else if PLAN.PLANTYPE = 3/PublicPlan, TSOP.TSOPDISP = "(PUBL)".  
     Else if PLAN.PLANTYPE = 4/PrivatePlan, TSOP.TSOPDISP = "(PRIV)".  
     Else if PLAN.PLANTYPE = 6/Tricare, TSOP.TSOPDISP = "(TRIC)".  
     Else if PLAN.PLANTYPE = 7/MPDP, TSOP.TSOPDISP = "(MPDP)".

Repeat for all Medicaid, Public, Private, Tricare and Medicare Prescription Drug plans.

Next, store Discount Membership Plans SP was covered by during the current round:

If there is a DMEM and a DMRO where DMRO.DMRORND = current round, store Discount Membership plan:

```
TSOP.TSOPTEXT = DMEM.DMNAMEX
TSOP.TSOPTYPE = 9/DM
TSOP.TSOPDMEM = DMEM.DMEMNUM
TSOP.TSOPDISP = "(DM)"
```

Repeat for all DMEMs.

Next, store all Other Sources of Payments (not flagged as deleted) on OSOP:

Store OSOP:

```
TSOP.TSOPTEXT = OSOP.OSOPTEXT
TSOP.TSOPTYPE = 4/OSOP
TSOP.TSOPOSOP = OSOP.OSOPNUM
IF (OSOP.OSOPISHI ^= NULL & (OSOP.OSOPISHI = DK or RF)), TSOP.TSOPDISP =
"(UNKNOWN)".
ELSE TSOP.TSOPDISP = "(OSOP)".
```

Repeat for all OSOPs.

| Variable Name | Assignment Instructions  |
|---------------|--|
| TSOPNUM       | Beginning with 01, create TSOP where TSOP.TSOPNUM = highest TSOP.TSOPNUM + 01. |
| TSOPTEXT      | Set TSOP.TSOPTEXT as specified above.  |
| TSOPTYPE      | Set TSOP.TSOPTYPE as specified above.  |
| LOADFLAG      | Set TSOP.LOADFLAG = 1/Yes.   |
| TSOPPTYP      | If SOP is a Health Insurance plan, set TSOP.TSOPPYTYPE = PLAN.PLANTYPE.        |
| TSOPPLAN      | If SOP is a Health Insurance plan, set TSOP.TSOPPLAN = PLAN.PLANNUM.           |
| TSOPOSOP      | If SOP is an Other Source of Payment, set TSOP.TSOPOSOP = OSOP.OSOPNUM.        |
| TSOPDISP      | Set TSOP.TSOPDISP as specified above.  |
| TSOPDMEM      | If SOP is a Discount Membership plan, set TSOP.TSOPDMEM = DMEM.DMEMNUM.        |

**DESIGN NOTES**

When administering ST, we will stop probing for new SOP's at ST65 once we collect an ST charge bundle and payments have been collected. A flag is set at BOX ST67A, HRND.STSOPFLG = 1/Yes, which flags that we should no longer probe for new SOP's in ST.

However, if administering NS or CPS and SP reports a statement and NS or CPS routes to CPS, we will always probe for new SOP's at ST65.

# ST65

Yes/No

## QUESTION TEXT

ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW?

SELECT "NO" TO ADD A SOURCE OF PAYMENT.

## FIELD 1: STADDSOP1

### FIELD 1 ROUTING

| Value | Label | Route          |
|-------|-------|----------------|
| 1     | YES   | ST67 - TSOPAMT |
| 2     | NO    | ST66 - SOP_ST1 |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all eligible Source of Payments stored on TSOP based on the following logic:

Do not display TSOP.TSOPTYPE = 11/MedicareSubsidy.

Display all remaining Sources of Payments in the following order based on TSOP.TSOPTYPE:

- = 1/SPFamily
- = 2/ProvDiscount
- = 12/ExtraHelp
- = 6/Medicare
- = 8/MHMO
- = 10/MedicarePartD
- = 5/VA

= 3/PlanNotMHMO  
= 4/OSOP  
= 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Report header: SOURCES OF PAYMENT

Report layout:

Column 1, header="SOP NAME".

Column 1, display = TSOP.TSOPTEXT.

Column 2, header = "SOP TYPE".

Column 2, display =

If TSOP.TSOPDISP ^= empty, display TSOP.TSOPDISP.

Else do not display.

## DESIGN NOTES

ST65 is called from CPS when adding SOPs. TSOP will already be loaded in CPS section.



# ST66

## Roster

### QUESTION TEXT

ADD ALL ADDITIONAL SOURCES OF PAYMENT.

### FIELD 1: SOP\_ST1

#### FIELD 1 ROUTING

| Value | Label                | Route          |
|-------|----------------------|----------------|
| 1     | [Continuous answer.] | ST67 - TSOPAMT |

#### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

### OTHER PROGRAMMING INSTRUCTIONS

#### ROSTER/GRID INSTRUCTIONS

Display all eligible Source of Payments stored on TSOP based on the following logic:

Do not display TSOP.TSOPTYPE = 11/MedicareSubsidy.

Display all remaining Sources of Payments in the following order based on TSOP.TSOPTYPE:

- = 1/SPFamily
- = 2/ProvDiscount
- = 12/ExtraHelp
- = 6/Medicare
- = 8/MHMO
- = 10/MedicarePartD
- = 5/VA
- = 3/PlanNotMHMO
- = 4/OSOP
- = 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Display all loaded Source of Payments as protected rows.

### ROSTER/GRID DISPLAY

| Column # | Header   | Instructions  |
|----------|----------|---|
| 1        | SOP Name | Display TSOP.TSOPTEXT.  |
| 2        | SOP Type | If TSOP.TSOPDISP ^= empty, display TSOP.TSOPDISP.<br>Else do not display. |

### BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on TSOP:

TSOP key = TSOP.TSOPBASE + TSOP.TSOPNUM.

TSOP.TSOPNUM = Number of Source of Payment selected at ST66.

If adding SOP, see SOURCE OF PAYMENT ROSTER POP-UP specifications for pop-up window programming instructions.

Fields collected in Pop-Up window:

TSOP.TSOPNUM

TSOP.TSOPTEXT

TSOP.TSOPISHI

# ST67

Grid

## QUESTION TEXT

(REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT).

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

ENTER ALL PAYMENT AMOUNTS. CORRECT PAYMENT AMOUNTS AS NECESSARY.

## FIELD 1: TSOPAMT

### FIELD 1 ROUTING

| Value | Label                | Route      |
|-------|----------------------|------------|
| 1     | [Continuous answer.] | BOX ST67HE |
|       | Empty                | BOX ST67HE |
|       | Don't Know           | BOX ST67HE |
|       | Refused              | BOX ST67HE |

### FIELD 1 ATTRIBUTES

| Cheshire Name   | Answers Allowed |
|---|-----------------|
| TSOP.TSOPAMT<br><br>SQL tblTSOP is not transformed to TSOP in Cheshire. | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### ROSTER/GRID INSTRUCTIONS

Display all eligible Source of Payments stored on TSOP based on the following logic:

If ST5 - STTYPE = 8/MPDPorMAorTricare and TYPE OF STATEMENT = 8/MPDPBenefit,  
THEN:

Do not display TSOP.TSOPTYPE = 2/ProvDiscount, 6/Medicare, and 11/MedicareSubsidy.

Display all remaining Sources of Payments in the following order based on TSOP.TSOPTYPE:

- = 1/SPFamily
- = 12/ExtraHelp
- = 8/MHMO
- = 10/MedicarePartD
- = 5/VA
- = 3/PlanNotMHMO
- = 4/OSOP
- = 9/DM

ELSE THEN:

Do not display TSOP.TSOPTYPE = 11/MedicareSubsidy, 12/ExtraHelp and 6/Medicare.

Display all remaining Sources of Payments in the following order based on TSOP.TSOPTYPE:

- = 1/SPFamily
- = 2/ProvDiscount
- = 8/MHMO
- = 10/MedicarePartD
- = 5/VA
- = 3/PlanNotMHMO
- = 4/OSOP
- = 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

CALCULATION INSTRUCTIONS FOR COLUMN 4:

If ST5 - STTYPE = 8/MPDPorMAorTricare, THEN display COST.TOTALCHG.

Else display COST.AREMAING.

If TSOPAMT added, deleted, or updated, in any row at ST67, calculate and display (AMOUNT REMAINING MINUS TOTAL PAYMENTS) in Column 4.

AMOUNT REMAINING MINUS TOTAL PAYMENTS:

If at least one row at ST67 has TSOPAMT = DK or RF, display "NOT KNOWN".

Else if ST5 - STTYPE = 8/MPDPorMAorTricare, THEN display (COST.TOTALCHG - TOTAL PAYMENTS).

Else display (COST.AREMAING - TOTAL PAYMENTS).

TOTAL PAYMENTS:

For each row at ST67 where (TSOPAMT ^= EMPTY and TSOPAMT ^= DK and TSOPAMT ^= RF), calculate TOTAL PAYMENTS = TOTAL PAYMENTS + TSOPAMT.

Note: Calculation is for ST67 display only. Do not update COST.AREMAING.

**ROSTER/GRID DISPLAY**

| <b>Column #</b> | <b>Header</b>    | <b>Instructions</b>  |
|-----------------|------------------|--|
| 1               | SOP Name         | Display TSOP.TSOPTEXT. Display Only.   |
| 2               | SOP Type         | If TSOP.TSOPDISP ^= empty, display TSOP.TSOPDISP.<br>Else do not display.<br>Display only. |
| 3               | SOP Payment      | TSOP.TSOPAMT. Input field 1.   |
| 4               | Amount Remaining | DISPLAY CALCULATION AS SPECIFIED ABOVE.  |

# BOX ST67HE

**BOX INSTRUCTIONS**

IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT  
VALUES FOR THIS COST > 0.00, GO TO BOX ST67A.

ELSE GO TO ST67HE - PAYMHE.

| Variable Name | Assignment Instructions |
|---------------|-------------------------|
|               |                         |

# ST67HE

No Entry

**QUESTION TEXT**

THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN \$0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'.

USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS.

**FIELD 1: PAYMHE****FIELD 1 ROUTING**

| Value | Label    | Route         |
|-------|----------|---------------|
| 1     | CONTINUE | ST67HE-PAYMHE |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****DESIGN NOTES**

DISABLE NEXT PAGE.

ST67HE-PAYMHE routes back to ST67HE-PAYMHE to enforce the intended hard edit. To route past this edit screen, corrections must be made at the SOP Grid by using Previous Page.

# BOX ST67A

## **BOX INSTRUCTIONS**

IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B.

ELSE GO TO BOX ST69F.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

At BOX ST67A, flag that there has been at least one ST charge bundle added where payments have been collected. The flag, HRND.STSOPFLG, is checked at BOX ST64B when additional ST charge bundles are added and if set to 1/Yes, BOX ST64B will skip probing for new SOP's at ST65.

| <b>Variable Name</b> | <b>Assignment Instructions</b>   |
|----------------------|--|
| STSOPFLG             | If HRND.STSOPFLG = NULL on HRND where HRND.HRNDRND = current round, set HRND.STSOPFLG = 1/Yes. |



# BOX ST67B

## **BOX INSTRUCTIONS**

IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO.

ELSE GO TO BOX ST69B.

# ST67BINT

No Entry

**QUESTION TEXT**

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

**FIELD 1: PLANINTRO****FIELD 1 ROUTING**

| Value | Label    | Route                |
|-------|----------|----------------------|
| 1     | CONTINUE | ST67B_IN - NAVIGATOR |
|       | Empty    | ST67B_IN - NAVIGATOR |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# ST67B\_IN

Instance Navigator

**FIELD 1: NAVIGATOR****FIELD 1 ROUTING**

| Value | Label                               | Route     |
|-------|-------------------------------------|-----------|
| 1     | ITEM SELECTED IN INSTANCE NAVIGATOR | BOX ST67C |
| 2     | CONTINUE INTERVIEW SELECTED         | BOX ST69B |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A           | 1               |

# BOX ST67C

## **BOX INSTRUCTIONS**

CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66

IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1.

ELSE IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP DOES NOT HAVE A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST69 - STSOPCURR1.

ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69A - STMPDPCHNG.

ELSE IF SOURCE OF PAYMENT IS MEDICARE PRESCRIPTION DRUG PLAN AND SP DOES NOT HAVE A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO ST69B - STSOPCURR2.

ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME.

ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME.

ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME.

ELSE GO TO HIT2 - COVTIME.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

If SOP added is an MHMO, Public plan, Private plan, or Medicare Prescription Drug plan create a new PLAN and current round PLRO record. See detailed instructions below.

If SOP added is Medicaid then:

If there is a PLAN where PLAN.PLANTYPE=2/Medicaid, regardless if PLAN.PLANDFLG=1/Yes or LOSEPLFG ^= empty or tbiPLAN.wvsDeleteFlag = Yes, this stopped Medicaid plan will be restarted. Update existing PLAN flags = empty or No and create a current round PLRO record. See detailed instructions below.

Else if there is no PLAN where PLAN.PLANTYPE=2/Medicaid, create a new PLAN and current round PLRO record. Set PLAN.PLNAME = MEDICAID. See detailed instructions below.

If SOP added is Tricare then:

If there is a PLAN where PLAN.PLANTYPE=6/Tricare, regardless if PLAN.PLANDFLG=1/Yes or LOSEPLFG ^= empty or tbiPLAN.wvsDeleteFlag = Yes, this stopped Tricare plan will be restarted. Update existing PLAN flags = empty or No and create a current round PLRO record. See detailed instructions below.

Else if there is no PLAN where PLAN.PLANTYPE=6/Tricare, create a new PLAN and current round PLRO record. Set PLAN.PLNAME = TRICARE. See detailed instructions below.

PLAN KEY = PLAN.PLANBASE + PLAN.PLANNUM

PLRO KEY = PLRO.PLROBASE + PLRO.PLROPLAN + PLRO.PLRORND

Set PLAN/PLRO fields as instructed below:

| Variable Name | Assignment Instructions   |
|---------------|---|
| PLANNUM       | If creating a new PLAN, create PLAN where PLAN.PLANNUM = highest PLAN.PLANNUM + 01.   |
| PLANRNDC      | If creating a new PLAN, set PLAN.PLANRNDC = current round.  |
| PLANTYPE      | Set PLANTYPE based on TSOPISHI:<br>=1/Medicaid, PLANTYPE=2/Medicaid.<br>=2/PublicPlan, PLANTYPE=3/PublicPlan.<br>=3/PrivatePlan, PLANTYPE=4/PrivatePlan.<br>=7/MHMO, PLANTYPE=5/MHMO.<br>=9/Tricare, PLANTYPE=6/Tricare.<br>=10/MedicarePartD, PLANTYPE=7/MPDP. |
| PLNAME        | If creating a new PLAN,<br>If SOP is Medicaid, set PLAN.PLNAME = "MEDICAID".<br>Else if SOP is Tricare, set PLAN.PLNAME = "TRICARE".<br>Else set PLAN.PLNAME = TSOP.TSOPTEXT.   |
| PLROPLAN      | Create PLRO where PLRO.PLROPLAN = new PLAN.PLANNUM.   |
| PLRORND       | PLRO.PLRORND = current round.   |
| COVANYTM      | If TSOP.TSOPISHI = 7/MHMO or 10/MedicarePartD,<br>set PLRO.COVANYTM = 1/Yes.  |

| Variable Name | Assignment Instructions  |
|---------------|--|
| TSOPTYPE      | If TSOP.TSOPISHI = 1/Medicaid, 2/PublicPlan, 3/PrivatePlan, 9/Tricare, set TSOP.TSOPTYPE = 3/PlanNotMHMO.<br>Else if TSOP.TSOPISHI = 7/MHMO, set TSOP.TSOPTYPE = 8/MHMO.<br>Else if TSOP.TSOPISHI=10/MedicarePartD, set TSOP.TSOPTYPE =10/MedicarePartD.                 |
| TSOPPTYP      | Set TSOP.TSOPPTYP = PLAN.PLANTYPE.   |
| TSOPPLAN      | Set TSOP.TSOPPLAN = PLAN.PLANNUM.  |
| TSOPDISP      | Set TSOP.TSOPDISP based on PLAN.PLANTYPE:<br>= 2/Medicaid, TSOPDISP = "(MCAD)".<br>= 3/PublicPlan, TSOPDISP = "(PUBL)".<br>= 4/PrivatePlan, TSOPDISP = "(PRIV)".<br>= 5/MHMO, TSOPDISP = "(MHMO)".<br>= 6/Tricare, TSOPDISP = "(TRIC)".<br>=7/MPDP, TSOPDISP = "(MPDP)". |
| PLANDFLG      | If restarting Medicaid or Tricare plan, set PLAN.PLANDFLG = empty. In addition, if tblPLAN.wvsDeleteFlag = Yes, update to tblPLAN.wvsDeleteFlag = No.  |
| LOSEPLFG      | If restarting Medicaid or Tricare plan, set PLAN.LOSEPLFG = empty.   |
| PLSOPFLG      | If creating new PLAN, set PLAN.PLSOPFLG = 1/Yes.   |

## DESIGN NOTES

BOX ST67C calls HI section for Medicaid, Tricare, Public Plans, and Private Plans added to SOP roster.

ST68 and ST69 collects status of MHMO plan added to SOP roster. ST69 calls HI section for MHMO plan if "current".

HI returns to ST at BOX ST69A.

ST69A and ST69B collect the status of MPDP plan added to SOP roster. ST does not call HI section for MPDP plan details.

# ST68

Yes/No

## QUESTION TEXT

I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed?

## FIELD 1: STMHMOCHNG1

### FIELD 1 ROUTING

| Value | Label      | Route             |
|-------|------------|-------------------|
| 1     | YES        | ST69 - STSOPCURR1 |
| 2     | NO         | BOX ST69A         |
|       | Don't Know | BOX ST69A         |
|       | Refused    | BOX ST69A         |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

| Variable Name | Assignment Instructions  |
|---------------|--|
| COVCURNT      | If ST68 - STMHMOCHNG1 = 2/No, DK, RF, set current round PLRO.COVCURNT = 2/No on MHMO PLAN added to SOP roster. |

# ST69

Yes/No

## QUESTION TEXT

[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (ST66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

## FIELD 1: STSOPCURR1

### FIELD 1 ROUTING

| Value | Label      | Route          |
|-------|------------|----------------|
| 1     | YES        | HIMC6 - MHMORX |
| 2     | NO         | BOX ST69A      |
|       | Don't Know | BOX ST69A      |
|       | Refused    | BOX ST69A      |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

| Variable Name | Assignment Instructions  |
|---------------|--|
| COVCURNT      | Set PLRO.COVCURNT on PLRO where PLRO.PLROPLAN = PLAN.PLANNUM of MHMO added at SOP roster and PLRO.PLRORND = current round:<br>If ST69 - STSOPCURR1 = 1/Yes, set PLRO.COVCURNT = 1/Yes.<br>Else set PLRO.COVCURNT = 2/No. |



| Variable Name | Assignment Instructions   |
|---------------|---|
| COVCURNT      | If ST68 - STMHMOCHNG1 = 1/Yes and ST69 - STSOPCURR1 = 1/Yes, update PLRO.PLROCOVURNT = 2/No on PLRO where PLRO.PLROPLAN = PLAN.PLANNUM of pre-existing current MHMO and PLRO.PLRORNDNC = current round. |

**DESIGN NOTES**

ST69 calls HI section for MHMOs if MHMO added is current.

HI returns to ST at BOX ST69A.

# ST69A

Yes/No

## QUESTION TEXT

I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan.

Has this information changed?

## FIELD 1: STMPDPCHNG

### FIELD 1 ROUTING

| Value | Label      | Route              |
|-------|------------|--------------------|
| 1     | YES        | ST69B - STSOPCURR2 |
| 2     | NO         | BOX ST69A          |
|       | Don't Know | BOX ST69A          |
|       | Refused    | BOX ST69A          |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

| Variable Name | Assignment Instructions   |
|---------------|---|
| COVCURNT      | If ST69A - STMDPDCHNG = 2/No, DK, RF, set current round PLRO.COVCURNT = 2/No for MPDP PLAN added to SOP roster. |

**ST69B**

Yes/No

**QUESTION TEXT**

[Are you/Is (SP)/Was (SP)] (currently) covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

**FIELD 1: STSOPCURR2****FIELD 1 ROUTING**

| Value | Label      | Route     |
|-------|------------|-----------|
| 1     | YES        | BOX ST69A |
| 2     | NO         | BOX ST69A |
|       | Don't Know | BOX ST69A |
|       | Refused    | BOX ST69A |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

| Variable Name | Assignment Instructions   |
|---------------|---|
| COVCURNT      | Set PLRO.COVCURNT on PLRO where<br>PLRO.PLROPLAN = PLAN.PLANNUM of<br>MPDP added at SOP roster and<br>PLRO.PLRORND = current round:<br>If ST69B - STSOPCURR2 = 1/Yes, set<br>PLRO.COVCURNT = 1/Yes.<br>Else set PLRO.COVCURNT = 2/No. |

| Variable Name | Assignment Instructions   |
|---------------|---|
| COVCURNT      | If ST69A - STMPDPCHNG = 1/Yes and ST69B - STSOPCURR2 = 1/Yes, update PLRO.PLROCOVURNT = 2/No on PLRO where PLRO.PLROPLAN = PLAN.PLANNUM of pre-existing current MPDP and PLRO.PLRORNDC = current round. |

# BOX ST69A

## **BOX INSTRUCTIONS**

GO TO ST67B\_IN - NAVIGATOR.

## **OTHER PROGRAMMING INSTRUCTIONS**

## **DESIGN NOTES**

HI returns to ST at BOX ST69A.

# BOX ST69B

## **BOX INSTRUCTIONS**

IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A DISCOUNT MEMBERSHIP PLAN, GO TO ST69C - DMEMINTRO.

ELSE TO GO BOX ST69E.

# ST69C

No Entry

**QUESTION TEXT**

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

**FIELD 1: DMEMINTRO****FIELD 1 ROUTING**

| Value | Label    | Route                |
|-------|----------|----------------------|
| 1     | CONTINUE | ST69C_IN - NAVIGATOR |
|       | Empty    | ST69C_IN - NAVIGATOR |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# ST69C\_IN

Instance Navigator

**FIELD 1: NAVIGATOR****FIELD 1 ROUTING**

| Value | Label                               | Route     |
|-------|-------------------------------------|-----------|
| 1     | ITEM SELECTED IN INSTANCE NAVIGATOR | BOX ST69C |
| 2     | CONTINUE INTERVIEW SELECTED         | BOX ST69E |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| N/A           | 1               |



# BOX ST69C

## **BOX INSTRUCTIONS**

CREATE A NEW DISCOUNT MEMBERSHIP PLAN FOR THE SOURCE OF PAYMENT  
ADDED AT ST66

GO TO DM4 - DMSERVIC.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

DM details are collected on DMEM and DMRO:

DMEM key = DMEM.DMEMBASE + DMEM.DMEMNUM

DMEM.DMEMNUM = Number of DM created at BOX ST69C.

DMRO key = DMRO.DMROBASE + DMRO.DMRODMEM + DMRO.DMRORND

DMRO.DMRODMEM = DMEM.DMEMNUM of DM created at BOX ST69C.

DMRO.DMRORND = current round.

If SOP added is a Discount Membership plan, create a new DMEM and current round DMRO record. See detailed instructions below.

| Variable Name | Assignment Instructions                   |
|---------------|---|
| DMEMNUM       | DMEM.DMEMNUM = highest DMEM.DMEMNUM + 01. |
| DMEMRNDC      | DMEM.DMEMRNDC = current round.            |
| DMRODMEM      | DMRO.DMRODMEM = DMEM.DMEMNUM.             |
| DMRORND       | DMRO.DMRORND = current round.             |
| DMHAVE        | DMRO.DMHAVE = 1/Yes.                      |
| DMNAMEX       | DMEM.DMNAMEX = TSOP.TSOPTEXT.             |
| DMSOPFLG      | DMEM.DMSOPFLG = 1/Yes.                    |
| TSOPTYPE      | TSOP.TSOPTYPE = 9/DM.                     |
| TSOPDMEM      | TSOP.TSOPDMEM = DMEM.DMEMNUM.             |

| Variable Name | Assignment Instructions |
|---------------|-------------------------|
| TSOPDISP      | TSOP.TSOPDISP = "(DM)". |

**DESIGN NOTES**

Calls DM section for Discount Membership plans added to SOP roster.

DM returns to ST at BOX ST69D.

# BOX ST69D

## **BOX INSTRUCTIONS**

GO TO ST69C\_IN - NAVIGATOR.

## **OTHER PROGRAMMING INSTRUCTIONS**

## **DESIGN NOTES**

DM returns to ST at BOX ST69D.

### NOTE ON ELSE CONDITION:

Once all items at ST69C\_IN Instance Navigator screen are DONE, routing will return to ST69C\_IN until Interviewer selects CONTINUE INTERVIEW. When ST69C\_IN CONTINUE INTERVIEW is selected, BOX ST69D specifies routing to the next item.

The next item on the route is to BOX ST69E to check for OSOP's added at SOP roster.

# BOX ST69E

## **BOX INSTRUCTIONS**

IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT"

GO TO BOX ST69F.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

Other Source of Payment details will be collected on OSOP:

OSOP key = OSOP.OSOPBASE + OSOP.OSOPNUM

OSOP.OSOPNUM = Number of Other Source of Payment generated at BOX ST69E.

Create OSOP record for each OTHER SOURCE OF PAYMENT added at ST66.

Set OSOP and TSOP fields as specified below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| OSOPNUM       | OSOP.OSOPNUM = highest OSOP.OSOPNUM + 01.   |
| OSOPRNDC      | OSOP.OSOPRNDC = current round.  |
| OSOPTTEXT     | OSOP.OSOPTTEXT = TSOP.TSOPTTEXT.  |
| OSOPISHI      | OSOP.OSOPISHI = TSOP.TSOPISHI.  |
| TSOPTYPE      | TSOP.TSOPTYPE = 4/OSOP.   |
| TSOPOSOP      | TSOP.TSOPOSOP = OSOP.OSOPNUM.   |
| TSOPDISP      | IF (OSOP.OSOPISHI ^≠ NULL & (OSOP.OSOPISHI = DK or RF)), TSOP.TSOPDISP = "(UNKNOWN)".<br>ELSE TSOP.TSOPDISP = "(OSOP)". |

# BOX ST69F

## **BOX INSTRUCTIONS**

IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^= DK and TOTAL CHARGE ^= RF) and (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > \$1.00)), GO TO ST73 - AMTSCORR.

IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^= DK AND ^= RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR.

ELSE IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > \$1.00), GO TO ST70 - AMTSCORR.

ELSE GO TO BOX ST77C.

# ST70

Code 1

## QUESTION TEXT

There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount (unpaid/overpaid) is \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct?

IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.

## FIELD 1: AMTSCORR

### FIELD 1 ROUTING

| Value | Label                                | Route           |
|-------|--------------------------------------|-----------------|
| 1     | ENTRIES ABOVE ARE CORRECT            | BOX ST77C       |
| 2     | NO, SOP NEEDS ADDITION OR CORRECTION | DO NOT DISPLAY. |
| 3     | AMOUNT REMAINING SEEMS INCORRECT     | ST72 - ENTERCOM |
|       | Don't Know                           | BOX ST77C       |
|       | Refused                              | BOX ST77C       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.AMTSCORR | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all Source of Payments where TSOP.TSOPAMT ^= empty in the following order based on TSOP.TSOPATYPE:

- = 1/SPFamily
- = 2/ProvDiscount
- =11/MedicareSubsidy
- =12/ExtraHelp
- = 6/Medicare
- = 8/MHMO
- =10/MedicarePartD
- = 5/VA
- = 3/PlanNotMHMO
- = 4/OSOP
- = 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Not all TSOP.TSOPTYPEs will be applicable.

Report header:

"NON-MEDICARE PAYMENTS"

Report layout:

Column 1, header="SOP NAME".

Column 1, display = TSOP.TSOPTTEXT.

Column 2, header = "PAYMENT".

Column 2, display =

If TSOP.TSOPAMT = DK, display "DK".

Else if TSOP.TSOPAMT = RF, display "RF".

Else display TSOP.TSOPAMT.

# ST71

Code 1

## QUESTION TEXT

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.

IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.

## FIELD 1: AMTSCORR

### FIELD 1 ROUTING

| Value | Label                                | Route           |
|-------|--------------------------------------|-----------------|
| 1     | ENTRIES ABOVE ARE CORRECT            | BOX ST77C       |
| 2     | NO, SOP NEEDS ADDITION OR CORRECTION | DO NOT DISPLAY. |
| 3     | AMOUNT REMAINING SEEMS INCORRECT     | ST72 - ENTERCOM |
|       | Don't Know                           | BOX ST77C       |
|       | Refused                              | BOX ST77C       |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.AMTSCORR | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all Source of Payments where TSOP.TSOPAMT ^= empty in the following order based on TSOP.TSOPTYPE:



- = 1/SPFamily
- = 2/ProvDiscount
- =11/MedicareSubsidy
- =12/ExtraHelp
- = 6/Medicare
- = 8/MHMO
- =10/MedicarePartD
- = 5/VA
- = 3/PlanNotMHMO
- = 4/OSOP
- = 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Not all TSOP.TSOPTYPEs will be applicable.

Report header:

"NON-MEDICARE PAYMENTS"

Report layout:

Column 1, header="SOP NAME".

Column 1, display = TSOP.TSOPTEXT.

Column 2, header = "PAYMENT".

Column 2, display =

If TSOP.TSOPAMT = DK, display "DK".

Else if TSOP.TSOPAMT = RF, display "RF".

Else display TSOP.TSOPAMT.

# ST72

No Entry

**QUESTION TEXT**

[THE TOTAL OF NON-MEDICARE PAYMENTS IS \$(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS \$(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).]

USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT.

**FIELD 1: ENTERCOM****FIELD 1 ROUTING**

| Value | Label    | Route     |
|-------|----------|-----------|
| 1     | CONTINUE | BOX ST77C |
|       | Empty    | BOX ST77C |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

**OTHER PROGRAMMING INSTRUCTIONS****REPORT DISPLAY**

Display report above question text.

Display all Source of Payments where TSOP.TSOPAMT ^= empty in the following order based on TSOP.TSOPTYPE:

= 1/SPFamily  
= 2/ProvDiscount  
=11/MedicareSubsidy  
=12/ExtraHelp  
= 6/Medicare  
= 8/MHMO  
=10/MedicarePartD  
= 5/VA

= 3/PlanNotMHMO  
= 4/OSOP  
= 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Not all TSOP.TSOPTYPEs will be applicable.

Report header:

"NON-MEDICARE PAYMENTS"

Report layout:

Column 1, header="SOP NAME".

Column 1, display = TSOP.TSOPTEXT.

Column 2, header = "PAYMENT".

Column 2, display =

If TSOP.TSOPAMT = DK, display "DK".

Else if TSOP.TSOPAMT = RF, display "RF".

Else display TSOP.TSOPAMT.

# ST73

Yes/No

## QUESTION TEXT

There seems to be some amount still unpaid. The total of non-Medicare payments is \$(TOTAL PAYMENTS). The amount unpaid is \$(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct?

IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID.

## FIELD 1: AMTSCORR

### FIELD 1 ROUTING

| Value | Label                                | Route              |
|-------|--------------------------------------|--------------------|
| 1     | ENTRIES ABOVE ARE CORRECT            | ST74 - INFOEXPLAIN |
| 2     | NO, SOP NEEDS ADDITION OR CORRECTION | DO NOT DISPLAY.    |
| 3     | AMOUNT REMAINING SEEMS INCORRECT     | DO NOT DISPLAY.    |
|       | Don't Know                           | BOX ST77C          |
|       | Refused                              | BOX ST77C          |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.AMTSCORR | 1               |

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all Source of Payments where TSOP.TSOPAMT ^= empty in the following order based on TSOP.TSOPATYPE:

= 1/SPFamily

= 2/ProvDiscount  
=11/MedicareSubsidy  
=12/ExtraHelp  
= 6/Medicare  
= 8/MHMO  
=10/MedicarePartD  
= 5/VA  
= 3/PlanNotMHMO  
= 4/OSOP  
= 9/DM

If there is more than Source of Payment per Source of Payment Type, display in order of entry in TSOP.

Not all TSOP.TSOPTYPEs will be applicable.

Report header:

"NON-MEDICARE PAYMENTS"

Report layout:

Column 1, header="SOP NAME".

Column 1, display = TSOP.TSOPTEXT.

Column 2, header = "PAYMENT".

Column 2, display =

If TSOP.TSOPAMT = DK, display "DK".

Else if TSOP.TSOPAMT = RF, display "RF".

Else display TSOP.TSOPAMT.

# ST74

Yes/No

**QUESTION TEXT**

IS THERE ADDITIONAL INFORMATION ON THE MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID?

**FIELD 1: INFOEXPLAIN****FIELD 1 ROUTING**

| Value | Label | Route            |
|-------|-------|------------------|
| 1     | YES   | ST75 - ENTERCOM2 |
| 2     | NO    | BOX ST77C        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# ST75

No Entry

**QUESTION TEXT**

USE COMMENTS TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID.

**FIELD 1: ENTERCOM2****FIELD 1 ROUTING**

| Value | Label    | Route     |
|-------|----------|-----------|
| 1     | CONTINUE | BOX ST77C |
|       | Empty    | BOX ST77C |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# BOX ST77C

## BOX INSTRUCTIONS

CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67

GO TO BOX ST77D.

## OTHER PROGRAMMING INSTRUCTIONS

### **BACKGROUND VARIABLE ASSIGNMENTS**

Payments details are stored on PAYM:

PAYM key = PAYM.PAYMBASE + PAYM.PAYMCOST + PAYM.PAYMNUM.

PAYM.PAYMCOST = COST.COSTNUM of this charge bundle being asked about.

PAYM.PAYMNUM = Unique Number assigned to unique payer linked to this charge bundle.

PAYM records are only created for payers where TSOP.TSOPAMT  $\neq$  NULL.

TSOP.TSOPAMT may be  $\geq 0$ , DK, or RF.

Only one PAYM record will be created per unique payer per charge bundle, regardless of PAYM.PAYMRNDC.

### DETAILS:

For each payer where TSOP.TSOPAMT  $\geq 0$ , DK, or RF:

If TSOP.TSOPPAYM  $\neq$  NULL then do;

There is a PAYM record linked to this charge bundle for this payer where TSOP.TSOPPAYM = PAYM.PAYMCOST + PAYM.PAYMNUM and PAYM.PAYMCOST = this charge bundle COST.COSTNUM.

Update existing PAYM.PAYMAMT = TSOP.TSOPAMT.

Else if there is a PAYM where PAYM.PAYMCOST = this charge bundle COST.COSTNUM and

((TSOP.TSOPTYPE = 1/SPFamily and PAYM.PAYMTYPE = 1/SPFamily) or

(TSOP.TSOP TYPE = 2/ProvDiscount and PAYM.PAYMTYPE = 2/ProvDiscount) or

(TSOP.TSOPTYPE = 5/VA and PAYM.PAYMTYPE = 5/VA) or

(TSOP.TSOPTYPE = 6/Medicare and PAYM.PAYMTYPE = 6/Medicare) or

(TSOP.TSOPTYPE = 7/OtherMilitaryPlanNotVA and PAYM.PAYMTYPE =

7/OtherMilitaryPlanNotVA) or

(TSOP.TSOPTYPE = 11/MedicareSubsidy and PAYM.PAYMTYPE = 11/MedicareSubsidy)

or

(TSOP.TSOPTYPE = 12/ExtraHelp and PAYM.PAYMTYPE = 12/ExtraHelp) or

((TSOP.TSOPTYPE = 4/OSOP and PAYM.PAYMTYPE = 4/OSOP) and (TSOP.TSOPOSOP = PAYM.PAYMOSOP)) or



((TSOP.TSOPTYPE = 9/DM and PAYM.PAYMTYPE = 9/DM) and (TSOP.TSOPDMEM = PAYM.PAYMDMEM)) or  
 ((TSOP.TSOPTYPE = 3/PlanNotMHMO and PAYM.PAYMTYPE = 3/PlanNotMHMO) and (TSOP.TSOPPLAN = PAYM.PAYMPLAN)) or  
 ((TSOP.TSOPTYPE = 8/MHMO and PAYM.PAYMTYPE = 8/MHMO) and (TSOP.TSOPPLAN = PAYM.PAYMPLAN)) or  
 ((TSOP.TSOPTYPE = 10/MedicarePartD and PAYM.PAYMTYPE = 10/MedicarePartD) and (TSOP.TSOPPLAN = PAYM.PAYMPLAN))), then do:

This PAYM record is linked to the current round charge bundle for this payer.

Update PAYM.PAYMAMT = TSOP.TSOPAMT.

Else do;

Create a new current round PAYM record for this payer.

Set PAYM.PAYMAMT = TSOP.TSOPAMT.

Set additional fields on PAYM as specified below.

| Variable Name | Assignment Instructions   |
|---------------|---|
| PAYMCOST      | If creating a new PAYM record, create PAYM where PAYM.PAYMCOST = this COST.COSTNUM.   |
| PAYMNUM       | If creating a new PAYM record, set PAYM.PAYMNUM = highest PAYM.PAYMNUM for PAYM.PAYMCOST + 01.                                  |
| PAYMRNDC      | If creating a new PAYM record, set PAYM.PAYMRNDC = current round.   |
| PAYMTYPE      | If creating a new PAYM record, set PAYM.PAYMTYPE = TSOP.TSOPTYPE.   |
| PAYMPLAN      | If creating a new PAYM record, if TSOP.TSOPTYPE = 3/PlanNotMHMO, 8/MHMO or 10/MedicarePartD, set PAYM.PAYMPLAN = TSOP.TSOPPLAN. |
| PAYMOSOP      | If creating a new PAYM record, if TSOP.TSOPTYPE = 4/OSOP, set PAYM.PAYMOSOP = TSOP.TSOPOSOP.                                    |
| PAYMISHI      | If creating a new PAYM record, if TSOP.TSOPISHI ^= empty, set PAYM.PAYMISHI = TSOP.TSOPISHI.                                    |
| PAYMAMT       | PAYM.PAYMAMT = TSOP.TSOPAMT.  |
| PAYMDMEM      | If creating a new PAYM record, if TSOP.TSOPTYPE = 9/DM, set PAYM.PAYMDMEM = TSOP.TSOPDMEM.                                      |

# BOX ST77D

## **BOX INSTRUCTIONS**

IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN \$5.00, GO TO ST78 - EXPPAYBK.

ELSE GO TO BOX ST80.

# ST78

Yes/No

**QUESTION TEXT**

I have recorded that [you have/(SP) has] paid \$(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount?

**FIELD 1: EXPPAYBK****FIELD 1 ROUTING**

| Value | Label      | Route     |
|-------|------------|-----------|
| 1     | YES        | BOX ST78A |
| 2     | NO         | BOX ST78A |
|       | Don't Know | BOX ST78A |
|       | Refused    | BOX ST78A |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.EXPPAYBK | 1               |

# BOX ST78A

## **BOX INSTRUCTIONS**

IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE)), GO TO ST80 - EXPAYUNT.

ELSE GO TO BOX ST80.

# BOX ST78B

## **BOX INSTRUCTIONS**

IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO ST79 - EXPAYOUT.

ELSE GO TO BOX ST80.

# ST79

Yes/No

**QUESTION TEXT**

Do you expect anyone to pay any of this amount?

**FIELD 1: EXPAYOUT****FIELD 1 ROUTING**

| Value | Label      | Route           |
|-------|------------|-----------------|
| 1     | YES        | ST80 - EXPAYUNT |
| 2     | NO         | BOX ST80        |
|       | Don't Know | BOX ST80        |
|       | Refused    | BOX ST80        |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.EXPAYOUT | 1               |

# ST80

Quantity Unit

## QUESTION TEXT

How much do you expect will be paid?

## FIELD 1: EXPAYUNT

### FIELD 1 ROUTING

| Value | Label      | Route           |
|-------|------------|-----------------|
| 1     | PERCENTAGE | ST80 - EXPAYPCT |
| 2     | DOLLARS    | ST80 - EXPAYAMT |
|       | Don't Know | BOX ST80        |
|       | Refused    | BOX ST80        |

### FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.EXPAYUNT | 1               |

## FIELD 2: EXPAYPCT

### FIELD 2 ROUTING

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST80 |

### FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.EXPAYPCT | 1               |

**FIELD 3: EXPAYAMT****FIELD 3 ROUTING**

| Value | Label                | Route    |
|-------|----------------------|----------|
| 1     | [Continuous answer.] | BOX ST80 |

**FIELD 3 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| CORO.EXPAYAMT | 1               |



# BOX ST80

## **BOX INSTRUCTIONS**

IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG.

ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG.

ELSE IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST82 - ASTATEMENT.

ELSE GO TO ST81 - ABUNDLE.

## **OTHER PROGRAMMING INSTRUCTIONS**

| <b><u>VARIABLE NAME</u></b> | <b><u>ASSIGNMENT INSTRUCTIONS</u></b>  |
|-----------------------------|--|
| <b><u>EVERSTMT</u></b>      | <b><u>SET HRND.EVERSTMT = 1/YES, INDICATION THAT AT LEAST ONE CHARGE BUNDLE HAS BEEN ENTERED IN THE CURRENT ROUND.</u></b> |

## **DESIGN NOTES**

If administering CPS, BOX ST80 routes back to the beginning of CPS to reevaluate which COST BUNDLES still need to be asked about in CPS.

Else if administering NS, BOX ST80 routes back to the beginning of NS to reevaluate which current round EVENTS still need charge bundle data collected.

Else (administering ST), BOX ST80 routes to the ST END LOOP Probe for more statements.

# ST81

Yes/No

**QUESTION TEXT**

IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)?

**FIELD 1: ABUNDLE****FIELD 1 ROUTING**

| Value | Label | Route             |
|-------|-------|-------------------|
| 1     | YES   | ST4 - MATCHST     |
| 2     | NO    | ST82 - ASTATEMENT |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# ST82

Yes/No

**QUESTION TEXT**

IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER?

**FIELD 1: ASTATEMENT****FIELD 1 ROUTING**

| Value | Label | Route         |
|-------|-------|---------------|
| 1     | YES   | ST4 - MATCHST |
| 2     | NO    | BOX STEND     |

**FIELD 1 ATTRIBUTES**

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP          | 1               |

# BOX STEND

## BOX INSTRUCTIONS

GO TO NEXT SECTION.