MAIN STUDY - ROUND 7

COMMUNITY COMPONENT

NS.   CHARGE QUESTIONS (NO STATEMENT SERIES)

The No Statement series is asked only of events that are not linked to charges (i.e., once an event has charge data entered for it or has a flag indicating that it has been asked about in the No Statement question series, that event should not come up at NSINTRO1).

Specifically, the No Statement series is asked for:

Each visit collected in section DU, ER, IP, OP, HH, or MP that is not associated with a charge bundle in the Statement series. There is an exception to this: if the month field of the discharge date for an IP stay or the month field of the completion date for an OM alteration = 95, that visit or alteration should not be prompted for in the No Statement series. It should also be noted that HH events should be prompted for only if there is no entry for the provider for HH in the Statement series (i.e., HH event for a provider will only be asked about once).

Each OME date (or dates) collected in OM2, OM4, OM7, OM10, OM12, OM14, OM20, OM22, OM26, OM30 or purchase collected in OM25 that is not associated with a charge bundle in the Statement series.

Each prescribed medicine that does not have any purchases linked to a charge bundle in the statement series.

Include, but do not sort, all events reported during the normal course of the utilization sections, events added using Interrupt, and events added during the Statement series that do not have associated charges. These types should then be presented. The NSINTRO1 and EVENT headers to be displayed for each type of event are presented on the following page.

The No Statement series is NOT asked if:

OM25 = -7 or -8 and item was included in a Statement series bundle,

PM6a = -7 or -8 and item was included in a Statement series bundle,

hospital stay where SP is currently in hospital (IP5/INT7 = 95),

OM alteration where alteration is not yet completed (OM30/INT8 = 95),

number of times prescribed medicine was obtained (PM6a or INT9) = 0,

In addition, the No statement series is not asked for: hospital stays where SP is currently in hospital (IP5=95); for OME alterations where alteration is not yet completed (OM30=95); or where number of times prescribed medicine was obtained = 0 (PM6a or INT9).

home health utilization is a meal program (HH6 = 2 or HH25 = 2) where the only service provided is meal delivery (HH7 = 2 or HH26 = 2) or HH7 or HH26 = -7 or -8.

EVENT	DISPLAY
DENTAL VISIT(S) FROM DU6	dental visit to (PROVIDER FROM DU2) on [DATE(S) FROM DU6]
EMERGENCY ROOM VISIT(S) FROM ER4	visit to the ER at (FACILITY FROM ER2) on [DATE(S) FROM ER4]
INPATIENT HOSPITAL STAY(S) FROM IP4/IP5	stay at (FACILITY FROM IP2) from (DATE FROM IP4) to (DATE FROM IP5)
OUTPATIENT HOSPITAL VISIT(S) FROM OP4	visit to the (OPD) at (FACILITY FROM OP2) on [DATE(S) FROM OP4] display "visits to the (OPD) at (FACILITY FROM OP2) on [DATE(S) FROM OP4]" if event date = RV.
HOME HEALTH (HH11 DETERMINES NUMBER OF TIMES)	IF HH4 OR HH23 = 2 OR -8: visit(s) from (PROVIDER FROM HH2 OR HH19) IF HH4 OR HH23 = 1: visit(s) from someone from (FACILITY FROM HH5 OR HH24)
MEDICAL PROVIDER VISIT(S) FROM MP6, MP24, MP32, MP40, MP48, MP55	visit to (PROVIDER FROM MP2, MP19, MP27, MP35, MP43, MP51) on [DATE(S) FROM MP6, MP24, MP32, MP40, MP48, MP55] display "visits to (PROVIDER FROM MP2, MP19, MP27, MP35, MP43, MP51) on [DATES FROM MP6, MP24, MP32, MP40, MP48, MP55]" if event date = RV
OTHER MEDICAL EXPENSES FROM OM2	glasses or contact lenses obtained on [DATE(S) FROM OM2]
OTHER MEDICAL EXPENSES FROM OM4	hearing or speech device obtained on [DATE(S) FROM OM4]
OTHER MEDICAL EXPENSES FROM OM7 RENTAL OTHER MEDICAL EXPENSES*	(ITEM FROM OM6) obtained on [DATE(S) FROM OM7] (ITEM FROM OM6) rented from [OM7a DATE] - [OM7c DATE] CURRENT REFERENCE PERIOD AT THE TIME THE COST WAS CREATED
OTHER MEDICAL EXPENSES FROM OM10	Display end date as "RR" if item currently being rented diabetic equipment or supplies obtained on [DATE(S) FROM OM10]
OTHER MEDICAL EXPENSES FROM OM12	ambulance used on [DATE(S) FROM OM12]
OTHER MEDICAL EXPENSES FROM OM14	prostheses obtained on [DATE(S) FROM OM14]
OTHER MEDICAL EXPENSES FROM OM30	(ITEM FROM OM29) completed on [DATE(S) FROM OM30]
OTHER MEDICAL EXPENSES FROM OM20	oxygen obtained on [DATE(S) FROM OM20]
RENTAL OTHER MEDICAL EXPENSES*	oxygen-related equipment rented from [OM20a DATE] - [OM20c DATE] CURRENT REFERENCE PERIOD AT THE TIME THE COST WAS CREATED
OTHER MEDICAL EXPENSES FROM OM22	Display end date as "RR" if item currently being rented kidney dialysis equipment or supplies obtained on [DATE(S) FROM OM22]

RENTAL OTHER MEDICAL EXPENSES*	kidney dialysis equipment rented from [OM22a DATE] - [OM22c DATE] CURRENT REFERENCE PERIOD AT THE TIME THE COST WAS CREATED
OTHER MEDICAL EXPENSES FROM OM25	Display end date as "RR" if item currently being rented (NUMBER OF TIMES FROM OM25) (remaining) times (you/SP) obtained (ITEM FROM OM24) **
RENTAL OTHER MEDICAL EXPENSES*	(ITEM FROM OM24) rented from [OM26a DATE] - [OM26b DATE] CURRENT REFERENCE PERIOD AT THE TIME THE COST WAS CREATED
OTHER MEDICAL EXPENSES FROM OM26	Display end date as "RR" if item currently being rented (ITEM FROM OM24) obtained on [DATE(S) FROM OM26]
PRESCRIBED MEDICINE(S) FROM PM6a	(NUMBER OF TIMES FROM PM6a) (remaining) times (you/SP) obtained (MEDICINE NAME)**
SEPARATELY BILLING LAB	SERVICES FROM (PROVIDER) ON (DATE)
SEPARATELY BILLING DOCTOR	SERVICES FROM (PROVIDER) ON (DATE)

**Display "remaining" if any times have been subtracted from a previous prompt during the No Statement series.

Note: All unlinked purchases of prescribed medicines, ostomy supplies, Depends, or bandages added for either a previous round or the current round should be added together and presented in NS.

BOX NS1	IF ANY CURRENT UTILIZATION REPORTED IN SECTIONS DU, ER, IP, OP, HH, MP, OM, OR PM THAT IS NOT ASSOCIATED WITH A CHARGE BUNDLE IN THE STATEMENT SERIES, GO TO NSINTRO1. IF NO CURRENT UTILIZATION REPORTED OR ALL CURRENT UTILIZATION REPORTED IS ASSOCIATED WITH A CHARGE BUNDLE IN THE STATEMENT SERIES, OR ONLY UTILIZATION NOT ASSOCIATED WITH A CHARGE BUNDLE IN THE STATEMENT SERIES IS AN IU EVENT, OR AN IP EVENT WHERE IP5 = 95, OR AN OME ALTERATION EVENT WHERE OM30 = 95, OR A PRESCRIBED MEDICINE WHERE PM6a = 0, GO TO **BOX CPS1**. IF NS1 = 9 (EVENT ENTERED BY DATA PREP STAFF, N/A WHETHER STATEMENT EXPECTED), GO TO CPSINTRO.

NSINTRO1.   [Now that we're done with (your/SP's) statements from (Medicare) (and) (insurance), we would like to talk about the costs for the (medical visits) (and) (medicines) for which (you/SP) did not have a statement.]

INTERVIEWER: THERE ARE (NUMBER) EVENTS (REMAINING) TO ASK ABOUT.

(Let's start with/Next let's look at) the costs for the (EVENT).

[PRESS ENTER TO CONTINUE.]

BOX NS2	IF SP HAS NO INSURANCE OTHER THAN MEDICARE AND EVENT IS DU OR PM, GO TO NS2. ALL OTHERS, GO TO NS1.

NS1.   EVENT: XXXXXXXXXXXXXXXXXX

As far as you know, is anything expected in the mail from Medicare (or insurance) about [this visit/these visits/this stay/the (ITEM)]/the charge for the (ITEM) between (PREV. INT. DATE) and (TODAY/DATE OF DEATH OR INSTIT.)?

	YES	1	(NSINTRO1/NSEND)
	NO	2	(NS2)
EXMCMAIL	EVENT ENTERED IN ERROR	3	(NSINTRO1/NSEND)
	HAVE STATEMENT FOR EVENT	4	(ST3)
	REFUSED	-7	(NS2)
	DON'T KNOW...	-8	(NS2)

NS2.   EVENT: XXXXXXXXXXXXXXXXXX

Including any amounts that may be paid by Medicare or anyone else, what [was the charge for the (OM ITEM) for the period between (PREV. INT. DATE) and (TODAY/DATE OF DEATH OR INSTITUTIONALIZATION)]/[was the total charge (that is, the total amount billed)]?

[ENTER 0 IF NO CHARGE FOR THE EVENT]

TOTALCHG	TOTAL AMOUNT: $ _____._____		***BOX NS3***
NSDATQNO	REFUSAL	-7	***BOX NS3***
	DON'T KNOW...	-8	***BOX NS3***

BOX NS3	SET FLAG TO SHOW TOTAL CHARGE WAS COLLECTED IN NS2.
	IF TOTAL CHARGE = 0 AND SP HAS MEDICAID COVERAGE, GO TO
	        NSINTRO1/NSEND/CPSINTRO/INTMENU.
	IF TOTAL CHARGE = 0 AND SP DOES <u>NOT</u> HAVE MEDICAID COVERAGE OR IF
	        TOTAL CHARGE DOES NOT = 0 (INCLUDING -7 AND –8)
	AND:
	        THIS IS A PM EVENT WHERE PM6a IS > 1,
	        OR THIS IS AN OM EVENT WHERE OM25 IS > 1 (BUT NEITHER OM25 OR
	        PM6a ARE MISSING), GO TO NS3.
	IF TOTAL CHARGE DOES NOT = 0 AND SP DOES NOT HAVE MEDICAID
	        COVERAGE OR IF TOTAL CHARGE DOES NOT = 0 (INCLUDING -7 AND -8)
	        AND THIS IS OM EVENT WHERE OM6a OR OM19b OR OM21b OR OM24a = 2,
	        GO TO NS2a.
	IF TOTAL CHARGE = 0 AND SP DOES <u>NOT</u> HAVE MEDICAID COVERAGE,
	        OR IF TOTAL CHARGE DOES NOT = 0 (INCLUDING -7 AND -8)
	AND:
	        THIS IS NOT A PM EVENT,
	        OR THIS IS A PM EVENT WHERE PM6a = 1,
	        OR THIS IS NOT AN OM EVENT INVOLVING QUESTION OM25,
	        OR THIS IS AN OM EVENT WHERE OM25 = 1,
	        OR EITHER OM25 OR PM6a=MISSING AND OM EVENT OM6a OR OM19b
	        OR OM21b OR OM24a ~ 2, GO TO NS4.

NS3.   (For) How many of the (NUMBER OF TIMES) (remaining) times (you/SP) obtained (MEDICINE/ITEM) since (REFERENCE DATE) [were covered by the (TOTAL CHARGE)/was there no charge]?

NOCHGNUM   NUMBER OF TIMES: _____   (NS4)
                            REFUSED .... -7 (NS4)
                            DON'T KNOW.. -8 (NS4)

NS4.   EVENT: XXXXXXXXXXXXXXXXXXXX

          INTERVIEWER: DOES [ACTUAL AMOUNT FROM NS2/THE TOTAL CHARGE/THIS] COVER THIS (EVENT/ITEM/MEDICINE) ONLY OR DOES IT INCLUDE OTHER EVENTS/ITEMS/MEDICINES?

INCOTHER   ONLY THIS (EVENT/ITEM/MEDICINE) .... 1 *BOX NS15*
                            OTHER EVENTS/ITEMS/MEDICINES 2 (NS5)
                            CAN'T TELL .... 3 *BOX NS15*
                            REFUSED .... -7 *BOX NS15*
                            DON'T KNOW.. -8 *BOX NS15*

NS5.   EVENT: XXXXXXXXXXXXXXXXXXXX
             TOTAL CHARGE: XXXXXXXXXXXXX

          What else was included?
          [CODE ALL THAT APPLY.] [PRESS CTRL/L TO LEAVE SCREEN.]

INCDATES   PROVIDER SERVICE DATES .... 1 *BOX NS4*
INCOMS   OTHER MEDICAL EXPENSES .... 2 *BOX NS4*
INCPMS   PRESCRIBED MEDICINES .... 3 *BOX NS4*

BOX NS4	IF 1 CODED AT NS5, GO TO NS6. IF 1 NOT CODED AND 2 CODED, GO TO NS14. IF 1 AND 2 NOT CODED AT NS5 AND 3 CODED, GO TO NS16.

NS6.   EVENT: XXXXXXXXXXXXXXXXXXXX
             TOTAL CHARGE: XXXXXXXXXXXXX

          Which medical providers are included?
          [ENTER ALL PROVIDERS]
          PROVNAME
          COSTPROV

NS7.   EVENT: XXXXXXXXXXXXXXXXXXX
                 TOTAL CHARGE: XXXXXXXXXXX
                 PROVIDER: XXXXXXXXXXXXXX

Please tell me all the dates that are included. [SELECT, CORRECT, ADD DATES INCLUDED IN THE TOTAL CHARGE.]

TYPE	DATE [ADMITTED/FIRST VISIT]	[DATE DISCHARGED/ MOST RECENT VISIT]	ROUND	
X XXX	XX/XX/XX	XX/XX/XX	R(XX)	ORP

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

BOX NS4A	IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, OR 9, GO TO NS7a. IF HH EVENT ADDED AND INTERVIEW TYPE 2 OR 3, EVENT GETS CURRENT ROUND DATE AND SKIPS NS7a. OTHERWISE, GO TO NS8.

NS7a.   WHICH REFERENCE PERIOD IS THIS HOME HEALTH EVENT FOR?
        HHROUND

           Type 1
           (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)
           (2 ROUNDS BACK FROM CURRENT ROUND) 1
           (PREVIOUS INT. REF. DATE - PREVIOUS INT. DATE) (PREVIOUS ROUND) 2
           (PREVIOUS INT. DATE - TODAY) (CURRENT ROUND) 3

           Type 4
           (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)
           [(2 ROUNDS BACK FROM CURRENT ROUND)/(PREVIOUS ROUND)] 1
           [(2 ROUNDS BACK FROM CURRENT ROUND)/((PREVIOUS ROUND)] - TODAY)
           (CURRENT ROUND) 3

           Type 5
           (REF. DATE FOR INT. 2 ROUNDS BACK FROM CURRENT ROUND - PREVIOUS INT. REF. DATE)
           (2 ROUNDS BACK FROM CURRENT ROUND) 1
           (PREVIOUS INT. REF. DATE - DISCHARGE DATE) - (PREVIOUS ROUND) 2
           (DISCHARGE DATE-TODAY) (CURRENT ROUND) 3

BOX NS4B	IF MULTIPLE PROVIDERS ADDED AT NS6, GO TO NS7 AND COLLECT EVENT DATES FOR NEXT PROVIDER. OTHERWISE, TO NS8.

NS8.   EVENT: XXXXXXXXXXXXXXXXXXX
                    TOTAL CHARGE: XXXXXXXXXXXX
                    PROVIDER: XXXXXXXXXXXXXXX

DO THE EVENTS SHOWN BELOW MATCH EXACTLY WITH THE (PROVIDER SERVICE DATES PORTION OF THE) TOTAL CHARGE?

PROVIDER(S):
NAME   TYPE DATE [TO DATE] (WITH ORP).

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

DATEMTCH	YES 1	***BOX NS5***
	NO 2	

BOX NS5	IF ONLY SELECTED OR CORRECTED DATES IN NS7, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND NS5 CODED 2, GO TO NS14. IF ONLY SELECTED OR CORRECTED DATES IN NS7, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND NS5 NOT CODED 2 AND CODED 3, GO TO NS16. IF ONLY SELECTED OR CORRECTED DATES IN NS7, OR BILLING DATES ADDED FOR AN EXISTING HH EVENT, OR ADDED VISIT TYPES ALL = 1 OR 2 OR ALL ADDED DATES HAVE "ORP" FLAG AND NS5 NOT CODED 2 OR 3, GO TO BOX NS15. IF ANY ADDED UTILIZATION DATES IN NS7 DO NOT HAVE "ORP" FLAG, GO TO NS9. IF ADDED UTILIZATION IS IU, GO TO BOX NS7.

NS9.   Before we continue, I would like to ask you a few questions about the visit(s) I just added.
          [PRESS ENTER TO CONTINUE.]

BOX NS6	CHECK TYPE CODE AT NS7: IF 3, SET PROVIDER SPECIALTY AS "DENTIST" AND GO TO BOX NS7. IF 4, 5, OR 6, GO TO BOX NS7. IF 8 OR 9, GO TO NS9a. SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES AND THEN GO TO BOX NS11. IF 10 AND PROVIDER ADDED USING CTRL/A AT NS6, GO TO NS10. IF 10 AND DATE ONLY ADDED AT NS7, GO TO BOX NS7.

NS9a.   Is (PROVIDER) a facility or a person?

FACPERS	FACILITY 1
	PERSON 2

BOX NS6A	IF 1 AND NS7=8, GO TO HH6. IF 1 AND NS7=9, GO TO HH25. IF 2 AND NS7=8, GO TO HH3. IF 2 AND NS7=9, GO TO HH20.

NS10. What kind of medical person is (PROVIDER)?   BOX NS7
   PROVSPEC
   PROVSPOS

BOX NS7	a. SP HAS USED VA FACILITIES (HI36=1) …………………….....1 (b) SP HAS NOT USED VA FACILITIES(HI36=2 OR MISSING) …2 BOX NS8 b. VA FLAG SET FOR THIS PROVIDER …………………………..1 BOX NS8 VA FLAG NOT SET FOR THIS PROVIDER ……………………………….2 (NS11)

NS11. Is [(PROVIDER) associated with/(HOSPITAL NAME)] a facility of the Veterans Administration?

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

BOX NS8	SET VA FLAG IF NOT SET PREVIOUSLY. COLLECT NEW UTILIZATION FOR EACH VISIT DATE: IF TYPE AT NS7=4, ASK ER5. IF TYPE AT NS7=5, ASK IP7. IF TYPE AT NS7=6, ASK OP5. IF TYPE AT NS7=7 AND IF NS5 CODED 2, GO TO NS14; IF NS5 NOT CODED 2 AND CODED 3, GO TO NS16; IF NS5 NOT CODED 2 OR 3, GO TO BOX NS15. IF TYPE AT NS7=3 OR 10, GO TO BOX NS9. SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES AND THEN GO TO BOX NS11.

BOX
NS9
	a. SP BELONGS TO AN HMO (HI15=1 FOR ANY PLAN) ………1 (b)
	   SP DOES NOT BELONG TO AN HMO (HI25=2 OR
	   MISSING FOR ALL PLANS) ………………………………………2 BOX NS10
	b. HMO FLAG CODED YES OR REFUSED FOR THIS
	   PROVIDER ……………………………………………………….1 BOX NS10
	   HMO FLAG CODED NO OR DK FOR THIS
	   PROVIDER ……………………………………………………..2 (NS13)
	   HMO FLAG NOT SET FOR THIS PROVIDER ………………..3 (NS12)

NS12.   Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

       HMOASSOC   YES .... 1 ***BOX NS10***
                                 NO 2 (NS13)
                                 REFUSED .... -7 ***BOX NS10***
                                 DON'T KNOW .... -8 (NS13)

NS13.   (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAMES BELOW]?

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

BOX NS10	COLLECT NEW UTILIZATION FOR EACH VISIT DATE. IF TYPE AT NS7=3, GO TO DU7. IF TYPE AT NS7=10 AND PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26 OR 27, GO TO MP10. OTHERWISE, GO TO MP7. SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES AND THEN GO TO BOX NS11.

BOX NS11	STARTING AT BOX NS6, COLLECT UTILIZATION FOR EACH ADDED VISIT DATE(S) INSIDE THE REFERENCE PERIOD (I.E., NO "ORP" FLAG AT NS7). THEN: IF NS5 CODED 2, GO TO NS14. IF NS5 NOT CODED 2 AND CODED 3, GO TO NS16. IF NS5 NOT CODED 2 OR 3, GO TO BOX NS15.

NS14.   EVENT: XXXXXXXXXXXXXXXXXXX
               TOTAL CHARGE: XXXXXXXXXXXX

Please tell me all the items that are included. [SELECT, CORRECT, OR ADD OTHER MEDICAL EXPENSES THAT ARE INCLUDED IN
THE TOTAL CHARGE.]

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

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

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

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

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

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

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

NS15.   EVENT: XXXXXXXXXXXXXXXXXXX
               TOTAL CHARGE: XXXXXXXXXXXX

          ARE ALL OF THE OTHER MEDICAL EXPENSES ITEMS SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?

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

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

          OMMTCH   YES .... 1 BOX NS12
                                   NO 2

BOX NS12	IF NS5 CODED 3, GO TO NS16. IF NS5 NOT CODED 3, GO TO BOX NS15. NOTE: FOR EACH OME ADDED AT NS14, SET FLAG TO NOTE THAT OME WAS COLLECTED IN CHARGE SERIES.

NS16.   EVENT: XXXXXXXXXXXXXXXXXX
             TOTAL CHARGE: XXXXXXXXXXXX

Please tell me all the medicines that are included. [SELECT, CORRECT, ADD PRESCRIPTION MEDICINES INCLUDED IN THE TOTAL CHARGE.]

MEDICINE	NUMBER OF PURCHASES
X XXXXXXXXXXXXXX	XX

NUMLINKS
GETNUM
EVCHGFLG

NS17.   EVENT: XXXXXXXXXXXXXXXXXX
               TOTAL CHARGE: XXXXXXXXXXXX

DO THE PRESCRIBED MEDICINES SHOWN BELOW MATCH EXACTLY WITH THE (PRESCRIBED MEDICINE PORTION OF THE) TOTAL CHARGE?

PRESCRIBED MEDICINES:
NAME   NUMBER OF PURCHASES
ETC.

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

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

PMMTCH   YES .... 1 *BOX NS13*
                    NO 2

BOX NS13	IF MEDICINES ADDED AT NS16, GO TO NS18. IF NO MEDICINES ADDED AT NS16, GO TO BOX NS15.

NS18.   Before we continue, I would like to ask you a few questions about the prescribed medicine(s) I just added. [It would be   very helpful for the following questions if we could look at the bottle(s) or container(s) for the medicine(s).
         [PRESS ENTER TO CONTINUE]

11

BOX NS14	GO TO BOX PM1B FOR EACH MEDICINE ADDED AT NS16. SET FLAG TO NOTE THAT MEDICINE WAS COLLECTED IN CHARGE SERIES. THEN GO TO BOX NS15.

BOX NS15	IF ANY EVENT IN THIS BUNDLE ASSOCIATED WITH ANY OTHER BUNDLE FLAGGED FOR CPS, DO NOT BRING BUNDLE INTO CPS. THEN: IF NS2 = 0, GO TO NS20. IF NS2 DOES NOT = 0 (INCLUDING -7 OR -8), GO TO NS19.

NS19.   EVENT: XXXXXXXXXXXXXXXXXXX
                      XXXXXXXXXXXXXXXXXXX

(Have you/Has SP) or any other source, such as an insurance plan, already paid any of [this (TOTAL CHARGE FROM NS2)/the total charge/the charge]?

TCHGPAID   SP OR ANY SOURCE PAID 1 (NS20)
                                NOTHING HAS BEEN PAID .... 2 ***BOX NS15A***
                                REFUSED .... -7 ***BOX NS15A***
                                DON'T KNOW .... -8 ***BOX NS15A***

BOX NS15a	IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND, GO TO CPSINTRO/CL. IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, GO TO CPS3a. OTHERWISE, GO TO NSINTRO1/NSEND

NS20.   [Why was there no charge? (Who paid?)]
        Who (else) paid? How much did (SOURCE) pay?
        ENTER ALL PAYMENT AMOUNTS, USE ARROW KEYS, CTRL/A TO ADD A SOURCE.
        ARROW TO THE SELECT COLUMN AND ENTER X TO CORRECT SOURCE NAME OR ADD AMOUNT.
        ESC TO LEAVE SCREEN.
        PAYMTYPE   PAYMAMT   PAYMPLAN   PAYMOSOP
        TOTAL CHARGE $ XXXXXXXX.XX

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

BOX NS16	IF SOP ADDED IN NS20, GO TO NS21. IF NO SOP ADDED IN NS20, GO TO BOX NS18.

NS21.   [What type of health insurance plan is (SOP NAME)?]

PAYMISHI

MEDICAID	1	*BOX NS17*
OTHER PUBLIC PLAN (OTHER THAN MEDICAID)..	2	*BOX NS17*
PRIVATE HEALTH INSURANCE	3	*BOX NS17*
NOT A HEALTH INSURANCE PLAN (INCLUDING VA)	4	*BOX NS18*
MILITARY PLAN OTHER THAN VA	5	*BOX NS17*
NOT SP's INSURANCE (PLAN BELONGS TO SOMEONE ELSE)	6	*BOX NS18*
REFUSED	-7	*BOX NS18*
DON'T KNOW	-8	*BOX NS18*

BOX NS17	a. IF NS21=1, AND MEDICAID PREVIOUSLY ENTERED, DISPLAY MESSAGE, "MEDICAID ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HI6-HI10. IF NS21=2 OR 5, ASK HI13-HI16. IF NS21=3, ASK HI21-HI33. b. ADD SOP TO PLAN ROSTER IF APPROPRIATE. SET FLAG TO NOTE THAT PLAN WAS COLLECTED IN SOP ROSTER. c. IF ANOTHER SOP ADDED IN NS20 OR NS24, RETURN TO NS21. AFTER COLLECTING UTILIZATION FOR ALL SOPS ADDED IN NS20 GO TO BOX NS18, OR GO TO BOX NS19 IF SOPS WERE ADDED IN NS24.

BOX NS18	a. IF TOTAL CHARGE IS MISSING OR ANY SOP AMOUNT IS –7 OR -8, GO TO b. ADD ALL PAYMENTS FROM NS20. COMPARE TOTAL TO TOTAL CHARGE: IF TOTAL FROM NS20 = TOTAL CHARGE, GO TO BOX NS19. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS IN NS20 AND TOTAL CHARGE IS > $1.00 AND TOTAL CHARGE IS > TOTAL FROM NS20, GO TO NS22. IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS IN NS20 AND TOTAL CHARGE IS > $1.00 AND TOTAL CHARGE IS < TOTAL FROM NS20, GO TO NS23.

NS22.   TOTAL CHARGE: $ XXXXXXXX.XX
                    SOP 1: $ XXXXXXXX.XX
                    SOP 2:   <u>$ XXXXXXXX.XX</u>
                    TOTAL PAYMENTS: $ XXXXXXXX.XX
                    AMOUNT UNPAID: $ XXXXXXXX.XX

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

        AMTSCORR   ALL AMOUNTS ABOVE CORRECT .... 1 ***BOX NS19***
                                  SOP NEEDS ADDITION OR CORRECTION 2 (NS24)
                                  TOTAL CHARGE SEEMS INCORRECT .... 3 ***BOX NS19***
                                  REFUSED .... -7 ***BOX NS19***
                                  DON'T KNOW .... -8 ***BOX NS19***

NS23.   TOTAL CHARGE: $ XXXXXXXX.XX
                      SOP 1: $ XXXXXXXX.XX
                      SOP 2:   <u>$ XXXXXXXX.XX</u>
                    TOTAL PAYMENTS: $ XXXXXXXX.XX
                      AMOUNT UNPAID: $ XXXXXXXX.XX

        AMTSCORR   ALL AMOUNTS ABOVE CORRECT .... 1 ***BOX NS19***
                                    SOP NEEDS ADDITION OR CORRECTION 2 (NS24)
                                  TOTAL CHARGE SEEMS INCORRECT .... 3 ***BOX NS19***
                                  REFUSED .... -7 ***BOX NS19***
                                  DON'T KNOW .... -8 ***BOX NS19***

NS24.   CORRECT PAYMENT AMOUNTS. ADD SOURCES AS NECESSARY.

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

TOTAL CHARGE: $ XXXXXXXXX.XX

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

B0X NS18.5	IF SOP IS ADDED AT NS24, GO TO NS21 FOR THAT SOP.

BOX NS19	IF SP/FAMILY PAYMENT > $5.00, GO TO NS25. IF SP/FAMILY PAYMENT NOT > $5.00, GO TO BOX NS20. IF SP/FAMILY PAYMENT = -7 OR -8, GO TO NSINTRO1/NSEND/BOX CPS11

NS25.   I have recorded that (you have/SP has) paid (SP/FAMILY PAYMENT AMOUNT). Do you expect any source to pay (you/SP) back any or all of that amount?

EXPPAYBK

YES	1	**BOX NS20**
NO	2	**BOX NS20**
REFUSED	-7	**BOX NS20**
DON'T KNOW	-8	**BOX NS20**

BOX NS20	IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (NOT COMING FROM INTERRUPT): AND NS25=1, GO TO CPS3b. AND NS25=2, -7, -8, GO TO BOX CPS11. OTHERWISE, IF EVENT IS NOT PM OR OM AND THERE ARE ANY OTHER EVENT(S) FOR THE SAME PROVIDER FROM THE CURRENT ROUND ONLY THAT ARE NOT LINKED TO A CHARGE, GO TO BOX NS21. IF EVENT IS PM AND THERE ARE ANY OTHER UNLINKED PM EVENT(S) FROM THE CURRENT ROUND ONLY, GO TO BOX NS21. IF EVENT IS OM AND IS NOT A RENTAL AND THERE ARE ANY OTHER UNLINKED EVENT(S) FROM THE CURRENT ROUND ONLY FOR THE SAME ITEM, GO TO BOX NS21. ALL OTHERS, INCLUDING RENTAL EVENTS, GO TO NSINTRO1/NSEND/ INTERRUPT MENU IF NOT EXIT 40 SAMPLE. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.

BOX NS21	IF NS4=2, GO TO NSINTRO1/NSEND. IF SOP FOR SP/FAMILY IS = OR < $10.00 AND NO OTHER SOP PAID, GO TO NS26. IF SOP FOR SP/FAMILY IS = OR < $10.00 OR = -1, AND ANOTHER SOP PAID, BUT AMOUNT IS = -8, GO TO NS26. ALL OTHERS GO TO NSINTRO1/NSEND

NS26.   TOTAL CHARGE: $XXX.XX
               SP/FAMILY PAID: $XXX.XX
               OTHER SOPS PAID: XXX
               PURCHASES: X

You told me earlier that you had other (EVENT) (purchases). Are any other (EVENTS) (purchases) the same, that is [the total charge was (TOTAL CHARGE FROM NS2) and/you don't know the total charge and] (you/SP) or (your/his/her) family paid (DOLLAR AMOUNT) [and the remainder was paid by [READ SOURCES OF PAYMENT LISTED ABOVE]?

          ANYEVSAM   YES 1   (NS27)
                                          NO 2   (NSINTRO1/NSEND/
                                                                                                                             NEXT SECTION)
                                          REFUSED .... -7 (NSINTRO1/NSEND/
                                                                                                                             NEXT SECTION)
                                          DON'T KNOW .... -8 (NSINTRO1/NSEND/
                                                                                                                             NEXT SECTION)

NS27.   SP/FAMILY PAID: $XX.XX
               OTHER SOPS: XXXXXXXXXXXXXX
                              XXXXXXXXXXXXXX

USE ARROW KEYS. PRESS X TO SELECT EVENT. ESC TO LEAVE SCREEN.

Which one(s) (is/are) the same?   (How many times are the same?)

EVENT	TIMES	TIMES SAME
[PROVIDER] [DATE] TO [DATE]	[N/A]	[N/A]
[OME]	XXX	
[PM]	XXX	

NUMSAME   VISSAME

NSEND.   YOU HAVE ENTERED ALL CHARGE/PAYMENT DATA FOR ALL EVENTS REPORTED. DO YOU HAVE ANY
         MEDICARE OR INSURANCE STATEMENTS THAT YOU HAVE NOT YET ENTERED?

                              YES 1   (ST3)
                              NO 2   ***BOX CPS1***
                              REFUSED .... -7 ***BOX CPS1***
                              DON'T KNOW .... -8 ***BOX CPS1***