MAIN STUDY - ROUND 19

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.

NOTE:  Rental items that have statement information should not go to NS, but rental items with no current round statement information should go to NS each round that the item is being rented.  The cost entered during the current round reflects the cost for the current reference period.  All header displays of a rental event should display the event, date or dates that item was rented, and reference period during which the particular cost was created.

Each prescribed medicine that does not have any purchases that were linked to a charge bundle during 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),

for any Institutional utilization (IU1 = 1),

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

number of times prescribed medicine was obtained (PM6a or INT9) = 0, -7, or -8,

any part of the total number of purchases (including Don't Know and Refused) of any prescribed medicine, ostomy supply, Depends, or bandages that has been previously linked during the current round Statement series, the current round No Statement series, or any previous round charge series (includes either Statement or No Statement),

any part of the total times per month that has been previously linked in the current round Statement Series, current round No Statement series, or any previous round Statement or No Statement series.

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.

Note:  Events entered during the current round for exit cases will go through NS in the same manner as events for continuing cases.  If appropriate, the bundle will go to CPS and then return to NS for any remaining current round events that do not have cost information.

Note:  An event with Shift/5 in the date should go through NS one time only, regardless of how many of the visits are linked to the total charge at NS3.

| 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, where # = times per month |
| 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, where # = times per month |
| 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) Display end date as "RR" if item currently being rented |
| OTHER MEDICAL EXPENSES FROM OM10 | 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 RENTAL OTHER MEDICAL EXPENSES* | oxygen obtained on [DATE(S) FROM OM20] oxygen-related equipment rented from [OM20a DATE] - [OM20c DATE] (CURRENT REFERENCE PERIOD AT THE TIME THE COST WAS CREATED) Display end date as "RR" if item currently being rented |
| OTHER MEDICAL EXPENSES FROM OM22 | 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)
Display end date as "RR" if item currently being rented

OTHER MEDICAL EXPENSES FROM OM25

(NUMBER OF TIMES FROM OM25) 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)
Display end date as "RR" if item currently being rented

OTHER MEDICAL EXPENSES FROM OM26

(ITEM FROM OM24) obtained on [DATE(S) FROM OM26]

PRESCRIBED MEDICINE(S) FROM PM6a

(NUMBER OF TIMES FROM PM6a) times (you/SP) obtained (MEDICINE NAME)

SEPARATELY BILLING LAB

SERVICES FROM (PROVIDER) ON (DATE)

SEPARATELY BILLING DOCTOR

SERVICES FROM (PROVIDER) ON (DATE)

For any provider event where the day event occurred = shift/5, the number of times per month should be displayed before the 1st word in the current display and the word "visit" in the display should become plural (visits), i.e., 15 visits to the OPD at St. Joseph's on 7/RV/95.

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.

 *Rental other medical expenses from:  OM7a, OM20a, OM22a, OM26a should display a start date and a stop date.  If OM7b, OM20b, OM22b, or OM26a1=1, display "RR" for stop date.  If OM7b, OM20b, OM22b, or OM26a1 = -7 or -8, display "RF" or "DK" for stop date as appropriate.

| | |
|---|---|
| BOX NS1 | FOR CONTINUING <u>AND</u> EXIT CASES, 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***. <br> IF NS1 = 9 (EVENT ENTERED BY DATA PREP STAFF, N/A WHETHER STATEMENT EXPECTED), GO TO CPSINTRO. |

NSINTRO1.   EVENT:  XXXXXXXXX
[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/your/SP's) costs for the (EVENT).

[PRESS ENTER TO CONTINUE.]

| | |
|---|---|
| BOX NS2 | IF EXIT SAMPLE AND ST1ahmo = 1, 2, -7, -8 OR MISSING, GO TO NS1a. <br> IF EXIT SAMPLE AND ST1ahmo = 3, GO TO BOX NS2a. <br><br> IF SP HAS ONLY MEDICARE (PLANTYPE = 1) AND EVENT = DU OR PM, GO TO NS2. <br> IF SP HAS ONLY MEDICARE (PLANTYPE = 1) AND EVENT ≠ DU OR PM, GO TO NS1. <br><br> IF HMO (MEDICARE OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND AND ST1ahmo = 1, 2, -7 OR -8, GO TO NS1. <br> IF HMO (MEDICARE OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, ST1ahmo = 3 AND HMOASSOC FOR PROVIDER = 1, HMOREFER FOR EVENT = 1 OR PMSATHMO = 1, GO TO NS2b. <br><br> OTHERWISE, GO TO NS1. |

NS1.            EVENT:  XXXXXXXXXXXXXXXXXXX

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) rented for the period between (PREV. INT. DATE) and (TODAY/DATE OF DEATH OR INSTIT.)/the (NUMBER OF TIMES FROM PM6a) times (you/SP) obtained (MEDICINE NAME)]?

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

NS1a.           EVENT:  XXXXX

(Have you/Has SP) received a statement for the (READ EVENT ABOVE)?

|  |  |  |  |
|---|---|---|---|
| **RECDSTAT** | STATEMENT RECEIVED AND AVAILABLE. | 1 | (ST3) |
|  | STATEMENT RECEIVED, NOT AVAILABLE | 2 | (BOX NS2A) |
|  | STATEMENT NOT RECEIVED | 3 | (BOX NS2A) |
|  | REFUSED | -7 | (BOX NS2A) |
|  | DON'T KNOW | -8 | (BOX NS2A) |

| BOX NS2A | IF HMOASSOC FOR PROVIDER = 1, HMOREFER FOR EVENT = 1 OR PMSATHMO = 1, GO TO NS2b.  OTHERWISE, GO TO NS2. |
|---|---|

NS2.            EVENT:  XXXXXXXXXXXXXXXXXX

Including any amounts that may be paid by Medicare or anyone else, what [was the charge for the (OM ITEM) rented 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 <u>NOT</u> HAVE MEDICAID COVERAGE OR IF TOTAL CHARGE DOES NOT = 0 (INCLUDING -7 AND -8) AND: THIS IS NEITHER A PM OR OM EVENT AND THE DAY OF THE WEEK FOR THE EVENT DATE = SHIFT/5, GO TO NS3a. 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, OR THIS IS NEITHER A PM OR OM EVENT WHERE THE DAY OF WEEK FOR THE EVENT IS <u>NOT EQUAL</u> TO SHIFT/5, GO TO NS4. |

NS2a.    (RENTAL ITEM)   (RENTAL REFERENCE DATES)
         TOTAL CHARGE = (TOTAL CHARGE)

How many months are covered by the charge for the period of time [since (PREV. INT. DATE)/between [(PREV. INT. DATE) and (DATE OF DEATH OR INSTITUTIONALIZATION)]?
[IF LESS THAN 1 MONTH, ENTER 96.]

| **MONTHCOV** | MONTHS ....................................................... | (NS4) |
|---|---|---|
| | REFUSED ................................................... | -7  (NS4) |
| | DON'T KNOW ............................................ | -8  (NS4) |

NS2b.        EVENT:  XXXXXXXXXXXXXXXXXXXX

What was the copayment amount for the (READ EVENT ABOVE)?

[EXPLAIN IF NECESSARY:  Managed care plans commonly charge a fixed amount, or copayment, for health services provided.  For example, the person may pay $10 for each office visit and $5 for each drug prescription.]

[ENTER 0 IF NO COPAYMENT FOR THE EVENT]

**TOTALCHG**              AMOUNT: $ _____._____
                          REFUSAL .................................................. -7 } ***BOX NS3A***
                          DON'T KNOW ............................................ -8 }

| BOX<br>NS3A | IF THIS IS A PM EVENT WHERE PM6a > 1, GO TO NS3.  IF THIS IS NOT A PM EVENT AND THE DAY OF THE MONTH FOR THE EVENT = SHIFT/5, GO TO NS3a.  OTHERWISE:  IF COPAYMENT AMOUNT DOES NOT = 0 (INCLUDING -7 AND -8), GO TO NS19.  IF COPAYMENT AMOUNT = 0, GO TO NS20. |
|---|---|

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

**NOCHGNUM**              NUMBER OF TIMES:  ................................. __
                          REFUSED .................................................. -7 } ***BOX NS3B***
                          DON'T KNOW ............................................ -8 }

NS3a.    (For) How many of the (NUMBER) [visits to (PROVIDER)/visits to the OPD at (FACILITY) during the month of (MONTH)] [were covered by the (TOTAL CHARGE)/was there no charge/were covered by the (COPAYMENT)/ was there no copayment]?

**NOCHGVIS**              NUMBER OF VISITS:  ................................. __
                          REFUSED .................................................. -7 } ***BOX NS3B***
                          DON'T KNOW ............................................ -8 }

| BOX<br>NS3B | IF NS2b = 0, GO TO NS20.  OTHERWISE, IF HMOASSOC FOR PROVIDER = 1, HMOREFER FOR EVENT = 1 OR PMSATHMO = 1, GO TO NS19.  OTHERWISE, GO TO 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***

8

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<br>NS4 | IF 1 CODED AT NS5, GO TO NS6.<br>IF 1 NOT CODED AND 2 CODED, GO TO NS14.<br>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:  XXXXXXXXXXXX
               PROVIDER:  XXXXXXXXXXXXXXX

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

| | TYPE | DATE<br>[ADMITTED/<br>FIRST VISIT] | TIMES PER<br>MONTH | [DATE DISCHARGED/<br>MOST RECENT VISIT] | ROUND | |
|---|---|---|---|---|---|---|
| X | XXX | XX/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<br>NS4A | IF HH EVENT ADDED AND INTERVIEW IS TYPE 1, 4, 5, OR 9, GO TO NS7a.<br>IF HH EVENT ADDED AND INTERVIEW TYPE 2 OR 3, EVENT GETS CURRENT ROUND DATE AND SKIPS NS7a.<br>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:  XXXXXXXXXXXXX
PROVIDER:  XXXXXXXXXXXXXXXX

ARE ALL OF THE PROVIDER EVENTS SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?

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

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

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

| | |
|---|---|
| BOX<br>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.<br><br>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.<br><br>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**.<br><br>IF ANY ADDED UTILIZATION DATES IN NS7 DO NOT HAVE "ORP" FLAG,  GO TO NS9.<br><br>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<br>NS6 | CHECK TYPE CODE AT NS7:<br>        IF 3, SET PROVIDER SPECIALTY AS "DENTIST" AND GO TO **BOX NS7**.<br>        IF 4, 5, OR 6, GO TO **BOX NS7**.<br>        IF 8 OR 9, GO TO NS9a.<br>        SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE<br>        SERIES AND THEN GO TO **BOX NS11**.<br>        IF 10 AND PROVIDER ADDED USING CTRL/A AT NS6, GO TO NS10.  IF 10<br>        AND DATE ONLY ADDED AT NS7, GO TO **BOX NS7**. |

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

**FACPERS**                    FACILITY ....................................................... 1
                               PERSON ....................................................... 2

| | |
|---|---|
| BOX<br>NS6A | IF NS9a AND NS7=8, GO TO HH6.<br>IF NS9a AND NS7=9, GO TO HH25.<br>IF NS9a AND NS7=8, GO TO HH3.<br>IF NS9a AND NS7=9, GO TO HH20. |

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

11

| BOX NS7 | a. | SP HAS USED VA FACILITIES (HI36=1) ........................ 1 (b) |
| | | SP HAS NOT USED VA FACILITIES |
| | | (HI36=2 OR MISSING) ................................................. 2 *BOX NS9* |
| | b. | VA FLAG SET FOR THIS PROVIDER ........................... 1 *BOX NS9* |
| | | 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* OMITTED.

| BOX NS9 | | IF NS11 = 1, SET VA FLAG.  THEN: |
| | a. | SP BELONGS TO AN HMO (HI25 OR MEDICARE |
| | | HMO FLAG=1 FOR ANY PLAN) ..................................... 1 (b) |
| | | SP DOES NOT BELONG TO AN HMO (HI25=2 OR |
| | | MISSING FOR ALL PLANS) .......................................... 2 *BOX NS9A* |
| | b. | HMO FLAG CODED YES FOR THIS PROVIDER .......... 1 *BOX NS9A* |
| | | HMO FLAG CODED NO OR MISSING 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 NS9A*
                       NO ................................................................ 2 (NS13)
                       REFUSED ..................................................... -7 *BOX NS9A*
                       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 NS9A | COLLECT NEW UTILIZATION FOR EACH VISIT DATE:<br>IF TYPE AT NS7 = 3, ASK DU7.<br>IF TYPE AT NS7=4, ASK ER5.<br>IF TYPE AT NS7=5, ASK IP7.<br>IF TYPE AT NS7=6, ASK OP5.<br>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**.<br>IF TYPE AT NS7 = 10, GO TO **BOX MP2A**.<br><br>SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE SERIES AND THEN GO TO **BOX NS11**. |

**BOX NS10** OMITTED.

| | |
|---|---|
| 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:<br>IF NS5 CODED 2, GO TO NS14.<br>IF NS5 NOT CODED 2 AND CODED 3, GO TO NS16.<br>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, <u>OR</u> ADD OTHER MEDICAL EXPENSES <u>THAT ARE</u> INCLUDED IN THE TOTAL CHARGE.]

| | ITEM/TYPE | START<br>DATE | STOP<br>DATE | NUMBER OF<br>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**

| | |
|---|---|
| BOX NS11A | IF CRUTCHES, WALKER, WHEELCHAIR, OR OTHER SPECIFY ORTHOPEDIC ITEM ADDED, GO TO OM6a.  IF OXYGEN-RELATED EQUIPMENT ADDED, GO TO OM19b.  IF KIDNEY DIALYSIS EQUIPMENT ADDED, GO TO OM21b.  IF CODES 41-44, 48 OR 91 ADDED, GO TO OM24a.  OTHERWISE, GO TO **BOX NS12.** |

| | |
|---|---|
| BOX NS11B | IF ITEM OR ITEMS INCLUDED IN THIS BUNDLE RENTED (OM6a = 2, OM19b=2, OM21b=2 AND/OR OM24a=2, GO TO NS14a FOR EACH RENTAL ITEM.  IF NO RENTAL ITEMS, GO TO NS15. |

NS14a.     (RENTAL ITEM)   (RENTAL REFERENCE DATES)

TOTAL CHARGE = $(TOTAL CHARGE)

HOW MANY MONTHS ARE COVERED BY THIS TOTAL CHARGE?

|  | MONTHS ....................................................... | |
|---|---|---|
| **MONTHCOV** | REFUSED ..................................................... | -7 |
| | DON'T KNOW .............................................. | -8 |

| | |
|---|---|
| BOX NS11C | GO TO NS14a FOR EACH RENTAL ITEM INCLUDED IN THIS BUNDLE.  IF NO OTHER RENTAL ITEMS IN THIS BUNDLE, GO TO NS15. |

NS15.          EVENT:  XXXXXXXXXXXXXXXXXXXX
                 TOTAL CHARGE:  XXXXXXXXXXXXX

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

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

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

| **OMMTCH** | YES ............................................................. | 1 |
|---|---|---|
| | NO ............................................................... | 2 |

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

14

NS16.   EVENT: XXXXXXXXXXXXXXXXXXX
        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 | XXXXXXXXXXXXX | XX |

**NUMLINKS**
**GETNUM**
**EVCHGFLG**

NS17.   EVENT: XXXXXXXXXXXXXXXXXXX
        TOTAL CHARGE: XXXXXXXXXXXX

ARE ALL OF THE PRESCRIBED MEDICINES SHOWN BELOW INCLUDED IN THE TOTAL CHARGE?

PRESCRIBED MEDICINES:
   NAME              NUMBER OF PURCHASES
   ETC.

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

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

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

| BOX NS13 | IF MEDICINES ADDED AT NS16 AND HMO (MEDICARE <u>OR</u> PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO NS17a. IF MEDICINES ADDED AT NS16 AND <u>NO</u> HMO WAS IN EFFECT DURING THE CURRENT ROUND, GO TO NS18. IF NO MEDICINES ADDED AT NS16, GO TO *BOX NS15*. |
|---|---|

NS17a.  Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

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

[DISPLAY ALL HMO PLAN NAMES]

**PMSATHMO**        YES ............................................................. 1
                    NO ............................................................... 2

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]

| 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: XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

(Have you/Has SP) or any other source (such as an insurance plan,) already paid any of [this (TOTAL CHARGE/AMOUNT FROM NS2)/the total charge/the charge/this (AMOUNT FROM NS2b)/the copayment amount]?

**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: THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), OR EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND, GO TO CPS3a, EVENT COLLECTED IN PREVIOUS ROUND, GO TO CPSINTRO/CL/EX. IF COMING FROM INTERRUPT AND THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED), GO TO CPS3a. OTHERWISE, GO TO NSINTRO1/NSEND/INTERRUPT MENU IF NOT EXIT 40 SAMPLE. IF EXIT 40 SAMPLE, GO TO NEXT SECTION. |
|---|---|

16

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 NS17c** |
| MILITARY PLAN OTHER THAN VA ............ | 5 | **BOX NS17** |
| NOT SP's INSURANCE (PLAN BELONGS TO SOMEONE ELSE) ........................................ | 6 | **BOX NS17c** |
| MEDICARE HMO ........................................ | 7 | **BOX NS17** |
| REFUSED .................................................. | -7 | **BOX NS17c** |
| DON'T KNOW ............................................ | -8 | **BOX NS17c** |

| | |
|---|---|
| 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.<br>IF NS21=2 OR 5, ASK HI13-HI16.<br>IF NS21=3, ASK HI21-HI33.<br>IF NS21=7, GO TO **BOX NS17A**.<br>b. ADD SOP TO PLAN ROSTER IF APPROPRIATE.  SET FLAG TO NOTE THAT PLAN WAS COLLECTED IN SOP ROSTER.<br>c. IF ANOTHER SOP ADDED IN NS20 OR NS24, RETURN TO NS21.<br>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 NS17A | IF MEDICARE HMO ADDED AND NO OTHER MEDICARE HMO IS CURRENT, GO TO HIMC3.  OTHERWISE, GO TO HIMC4. |

| | |
|---|---|
| BOX NS18 | a. IF TOTAL CHARGE IS MISSING OR ANY SOP AMOUNT IS -7 OR -8, GO TO **BOX NS19**.<br>b. ADD ALL PAYMENTS FROM NS20.  COMPARE TOTAL TO TOTAL CHARGE:<br>IF TOTAL FROM NS20 = TOTAL CHARGE, GO TO **BOX NS19**.<br>IF THE DIFFERENCE BETWEEN TOTAL PAYMENTS IN NS20 AND TOTAL CHARGE IS > $1.00 AND TOTAL CHARGE IS > TOTAL FROM NS20, GO TO NS22.<br>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:             $ XXXXXXXXX.XX
         SOP 1:                   $ XXXXXXXXX.XX
         SOP 2:                   $ XXXXXXXXX.XX
         TOTAL PAYMENTS:          $ XXXXXXXXX.XX
         AMOUNT UNPAID:           $ XXXXXXXXX.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:                $ XXXXXXXXX.XX
                          SOP 1:                            $ XXXXXXXXX.XX
                          SOP 2:                            <u>$ XXXXXXXXX.XX</u>
                          TOTAL PAYMENTS:          $ XXXXXXXXX.XX
                          AMOUNT UNPAID:           $ XXXXXXXXX.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.
        **OSOPTEXT**

        TOTAL CHARGE:                                 $ XXXXXXXXXX.XX

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

| | |
|---|---|
| BOX 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.<br>IF SP/FAMILY PAYMENT NOT > $5.00, GO TO ***BOX NS20***.<br>IF SP/FAMILY PAYMENT = -7 OR -8, GO TO NSINTRO1/NSEND/***BOX CPS11***/ INTERRUPT MENU IF <u>NOT</u> EXIT 40 SAMPLE. IF EXIT 40 SAMPLE, GO TO NEXT SECTION |

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?

<div style="margin-left: 2em;">

**EXPPAYBK**

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

</div>

| | |
|---|---|
| BOX NS20 | IF COMING FROM INTERRUPT <u>AND</u> THIS IS SP'S EXIT INTERVIEW (REGARDLESS OF WHEN EVENT COLLECTED):<br>    AND NS25=1, GO TO CPS3b.<br>    AND NS25 = 2, -7, -8, RETURN TO INTERRUPT MENU.<br>IF COMING FROM CPS AND EVENT COLLECTED IN PREVIOUS ROUND, GO TO ***BOX CPS11***.<br>IF COMING FROM CPS AND EVENT COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND OR THIS IS EXIT INTERVIEW (NOT COMING FROM INTERRUPT):<br>    AND NS25=1, GO TO CPS3b.<br>    AND NS25=2, -7, -8, GO TO ***BOX CPS11***.<br>IF HMOASSOC = 1 FOR PROVIDER OR HMOREFER = 1 FOR EVENT AND EVENT IS NOT ER, IP, IU, OM, OR PM AND THERE ARE ANY OTHER EVENT(S) WITH THE SAME EVENT TYPE (E.G., EVENT TYPE = MP AND THERE ARE OTHER MP EVENTS), WHERE HMOASSOC = 1 FOR PROVIDER(S) OR HMOREFER = 1 FOR EVENT(S) FROM THE CURRENT ROUND ONLY THAT ARE NOT LINKED TO A CHARGE, GO TO ***BOX NS21B***.<br>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***.<br>IF EVENT IS PM AND THERE ARE ANY OTHER UNLINKED PM EVENT(S) FROM THE CURRENT ROUND ONLY, GO TO ***BOX NS21***.<br>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 <u>NOT</u> EXIT 40 SAMPLE.<br>IF EXIT 40 SAMPLE, GO TO NEXT SECTION. |

| | |
|---|---|
| BOX NS21 | IF NS4=2, GO TO NSINTRO1/NSEND.<br>IF SOP FOR SP/FAMILY IS = OR < $25.00 AND NO OTHER SOP PAID, GO TO NS26.  IF SOP FOR SP/FAMILY IS = OR < $25.00 OR = -1, AND ANOTHER SOP PAID, BUT AMOUNT IS = -8, GO TO NS26.<br>ALL OTHERS GO TO NSINTRO1/NSEND/INTERRUPT MENU IF <u>NOT</u> EXIT 40 SAMPLE.  IF EXIT 40 SAMPLE, GO TO NEXT SECTION. |

| | |
|---|---|
| BOX NS21B | IF SOP FOR SP/FAMILY IS = OR LESS THAN $25.00 AND NO OTHER SOP PAID, GO TO NS26a.<br>IF SOP FOR SP/FAMILY IS = OR LESS THAN $25.00 OR = -1 AND ANOTHER SOP PAID, BUT PAYMENT AMOUNT IS = -8, GO TO NS26a.<br>ALL OTHERS GO TO NSINTRO1/NSEND/INTERRUPT MENU IF *NOT* EXIT 40 SAMPLE.  IF EXIT 40 SAMPLE, GO TO ***BOX CPS1***. |

NS26.        TOTAL CHARGE:  $XXX.XX
SP/FAMILY PAID:  $XXX.XX
OTHER SOPS PAID:  XXX
PURCHASES:  X
[X VISITS TO (PROVIDER) ON DATE]

You told me earlier that (you/SP) 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)

NS26a.       EVENT:  $XXX.XX
COST:  $XXX.XX
SP/FAMILY PAID:  $XXX.XX
[OTHER SOPS] PAID:  XXX
[OTHER PROVIDER NAMES]

You told me earlier that (you/SP) had other visits to providers such as [READ PROVIDER NAMES ABOVE/BELOW].  Was the payment situation the same for any of these visits?  That is, [the cost was (AMOUNT FROM NS2b) and/you don't know the cost and] (you/SP) or (your/his/her) family paid (SP/FAMILY DOLLAR AMOUNT) [and the remainder was paid by (READ SOURCES OF PAYMENT ABOVE)]?

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

NS26b.        EVENT:  XXXXXXX
                COST:  $XXX.XX
                SP/FAMILY PAID:  $XXX.XX
                OTHER SOPS:   $XXX.XX
                             $XXX.XX

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 A]  [XX/1/96] | [N/A] | [N/A] |
| [PROVIDER B]  [XX/2/96] | [N/A] | [N/A] |
| [PROVIDER C]  [XX/3/96] | [N/A] | [N/A] |
| [X VISITS TO PROVIDER A]  [XX/%/96] | XX | XX |
| [PROVIDER B]  [XX/2/96] | [N/A] | [N/A] |
| [PROVIDER B]  [XX/3/96] | [N/A] | [N/A] |

NS27.        SP/FAMILY PAID:  $XX.XX
                [OTHER SOPS] PAID:    XXXXXXXXXXXXXXXX
                                     XXXXXXXXXXXXXXXX

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?

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