| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
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| | | | **COST PAYMENT SUMMARY SPECIFICATIONS**<br><br>CRITERIA<br>INTTYPE=C001, C004, C005<br>SPALIVE=ALL<br>SEASON=ALL<br>SPPROXY=SP or PROXY<br>Other: Prior round events flagged for CPS<br><br>PLACEMENT<br>Administer after NSQ. | | |
| | BOX CPSBEG | routing | CPS REASON HAS ALREADY BEEN ASSIGNED TO ALL CHARGE BUNDLES ENTERED IN THE PAST 2 ROUNDS THAT HAVE MISSING CHARGE DATA.<br><br>CPS REASON 1 = NO STATEMENT CHARGE BUNDLE, SP EXPECTED TO RECEIVE A STATEMENT<br><br>CPS REASON 2 = NO STATEMENT CHARGE BUNDLE, NO PAYMENTS HAVE BEEN MADE.<br><br>CPS REASON 3 = STATEMENT CHARGE BUNDLE,  NO PAYMENTS HAVE BEEN MADE.<br><br>CPS REASON 4 = NO STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN TOTAL CHARGE. - NO EVENTS FLAGGED AS REASON 4 IN ROUND 71.<br><br>CPS REASON 5 = STATEMENT CHARGE BUNDLE, TOTAL PAYMENTS LESS THAN AMOUNT REMAINING.  - NO EVENTS FLAGGED AS REASON 5 IN ROUND 71.<br><br>CPS REASON 9 = R70 CHARGE BUNDLE, NO STATEMENT ENTERED, FOLLOW CPS REASON 1 PATH<br><br>IN CPS, WE WILL REVIEW THIS LIST OF CHARGE BUNDLES AND WILL EXCLUDE ANY CHARGE BUNDLE WITH AN EVENT THAT HAS BEEN DELETED, HAS BEEN LINKED TO A STATEMENT CHARGE BUNDLE IN THE CURRENT ROUND, OR WAS ASKED ABOUT IN THE CURRENT ROUND NO STATEMENT SECTION AND THE SP IS NOT EXPECTING TO RECEIVE A STATEMENT FOR THIS EVENT.<br><br>THE REMAINING LIST OF CHARGE BUNDLES WILL BE ELIGIBLE FOR CPS.  WE WILL SORT THIS LIST IN THE FOLLOWING WAY:  REASON 9, 1, 2...ETC. ENDING WITH REASON 8. IN ROUND 73  REASONS 4-8 WERE SKIPPED. WE ONLY COLLECTED DATA FOR EVENTS WITH REASONS 9, 1, 2, AND 3.  WE WILL THEN COLLECT CPS DETAILS FOR THE FIRST CHARGE BUNDLE IN THIS LIST.<br><br>AFTER COMPLETING THE CPS DETAILS FOR THIS CHARGE BUNDLE, WE WILL RETURN TO BOX CPSBEG. BECAUSE THE DATA THAT DETERMINES IF A CHARGE BUNDLE IS ELIGIBLE FOR CPS MAY BE UPDATED WHILE ADMINISTERING CPS, THE LIST OF ELIGIBLE CHARGE BUNDLES WILL BE RECREATED AT THE BEGINNING OF EACH LOOP IN CPS<br>IF AT LEAST ONE CHARGE BUNDLE HAS BEEN IDENTIFIED AS ELIGIBLE FOR CPS, GO TO CPS1-CPSINT. ELSE GO TO BOX CPSEND. | | |
| CPSINT | CPS1 | no entry | [Next, I will ask about some medical care that we talked about in a previous interview.]<br><br>THERE ARE (TOTAL NUMBER OF CPS EVENTS) EVENTS OR BUNDLES [REMAINING] FOR SUMMARY.<br><br>[First/Next], I want to ask about [READ EVENT(S) ABOVE]. | | BOX CPS1A |
| | BOX CPS1A | routing | IF CPS REASON = 1 OR 8 OR 9, GO TO CPS2 - RECDSTAT.<br>ELSE GO TO BOX CPS1B. | | |
| | BOX CPS1B | routing | CREATE SOURCE OF PAYMENT ROSTER<br>IF CPS REASON = 2, 6 OR 7, GO TO BOX CPS2.<br>ELSE IF CPS REASON = 3, GO TO CPS11 - CPTCHGPAID2.<br>ELSE IF CPS REASON = 4, GO TO CPS13 - CPTCHGPAID3.<br>ELSE IF CPS REASON = 5, GO TO CPS15 - CPTCHGPAID4. | | |

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| RECDSTAT | CPS2 | code one | [IF CPS REASON=9 THEN DISPLAY IN BOLD: "EVENT REPORTED IN ROUND 70"]<br><br>[At the last interview, [you were/(SP) was] expecting to receive a statement or paper from [Medicare, Insurance, and TRICARE/Medicare and TRICARE/Medicare and Insurance/Medicare].]<br><br>[At the last interview, [you/(SP)] reported [READ EVENT(S) ABOVE].<br><br>[Have you/Has (SP)] received a statement for the [READ EVENT(S) ABOVE] (since then/since the last interview)?<br><br>[PROBE IF NECESSARY:  Please include any statements received about (your/(SP's)] Medicare prescription drug benefit.] | (01) STATEMENT RECEIVED AND AVAILABLE<br>(02) STATEMENT RECEIVED, NOT AVAILABLE<br>(03) STATEMENT NOT RECEIVED<br>(-8) Don't Know<br>(-9) Refused | (01) ST4 - MATCHST<br>(02) BOX NS4A<br>(03) BOX NS4A<br>(-8) BOX NS4A<br>(-9) BOX CPS32 |
| | BOX CPS2 | routing | IF TOTAL CHARGE = DK OR RF AND ((ASKING ABOUT A NO STATEMENT CHARGE BUNDLE) OR (ASKING ABOUT A STATEMENT CHARGE BUNDLE AND TYPE OF STATEMENT IS NOT A MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT)), GO TO CPS3 - KNOWTOTL.<br>ELSE IF CPS REASON = 2, GO TO CPS9 - CPTCHGPAID1. | | |
| KNOWTOTL | CPS3 | yes/no | Do you happen to know the (total charge/copayment amount) for the [READ EVENT(S) ABOVE]? | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | BOX CPS3 |
| | BOX CPS3 | routing | IF CPS3 - KNOWTOTL = 1/Yes AND (TOTAL CHARGE WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS4 - TOTALCHG.<br>ELSE IF CPS3 - KNOWTOTL = 1/Yes AND (COPAYMENT WAS COLLECTED FOR CHARGE BUNDLE), GO TO CPS5 - TOTALCHG.<br>ELSE IF (CPS3 - KNOWTOTL = 2/No OR RF) AND (CPS REASON = 2), GO TO CPS9 - CPTCHGPAID1. | | |
| TOTALCHG | CPS4 | numeric | Including any amounts that may be paid by Medicare or anyone else, what was the total charge (that is, the amount billed)?<br>ENTER 0 IF NO CHARGE FOR THE EVENT.<br>[PROBE FOR TOTAL BILLED AMOUNT, REGARDLESS OF WHO PAID (OR WILL PAY) ANY PORTION OF THE CHARGE.  IF THE RESPONDENT RECEIVES A DISCOUNT, RECORD THE TOTAL CHARGE BEFORE THE DISCOUNT IS APPLIED.] | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS5A |
| TOTALCHG | CPS5 | numeric | What was the copayment amount for the [READ EVENT(S) ABOVE]?<br><br>[EXPLAIN IF NECESSARY:  Managed care plans commonly charge a fixed amount, or copayment, each time health services are provided. For example, the person may pay $20 for each office visit and $10 for each drug prescription.]<br><br>ENTER 0 IF NO COPAYMENT FOR THE EVENT. | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS5A |
| | BOX CPS5A | routing | IF (CPS REASON = 2) AND (TOTAL CHARGE = 0) AND (SP IS CURRENTLY COVERED BY MEDICAID), GO TO BOX CPS32.<br>ELSE GO TO BOX CPS5B. | | |

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| | BOX CPS5B | routing | FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF EVENT TYPE = 'OM' AND EVENT IS A RENTAL ITEM, GO TO CPS6 - MONTHCOV.<br>ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT TYPE = 'PM') OR (EVENT TYPE = 'OM' AND (OTHER MEDICAL EXPENSE IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES)), GO TO CPS7 - NUMLINKS.<br>ELSE FOR THE FIRST/NEXT EVENT INCLUDED IN THE CHARGE BUNDLE, IF (EVENT WAS ENTERED AS A REPEAT VISIT), GO TO CPS8 - RVLINKS.<br>ELSE GO TO BOX CPS8A. | | |
| MONTHCOV | CPS6 | numeric | For the [READ OME ITEM ABOVE], how many months are covered by the charge for the period of time between (CHARGE BUNDLE REFERENCE PERIOD)?<br>[IF THE RESPONDENT DOES NOT REPORT THE NUMBER OF MONTHS AS A WHOLE NUMBER, ROUND UP. (E.G., FOR 2 ½ MONTHS, ENTER "3".)] | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | CPS6 - MONCOV96 |
| NUMLINKS | CPS7 | numeric | How many of the times [you/(SP)] obtained (MEDICINE NAME/OME ITEM TYPE) for the period between (CHARGE BUNDLE REFERENCE PERIOD) [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]? | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS8A |
| RVLINKS | CPS8 | numeric | How many of the [READ EVENT ABOVE] [were covered by the total charge/were covered by the (CPS4 - TOTAL CHARGE)/was there no charge/were covered by the copayment/were covered by the (CPS5 - COPAYMENT)/was there no copayment]? | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused | BOX CPS8B |
| | BOX CPS8A | routing | IF ANOTHER EVENT IS INCLUDED IN THE CHARGE BUNDLE, GO TO BOX CPS5B.<br>ELSE GO TO BOX CPS8B. | | |
| | BOX CPS8B | routing | IF CPS REASON = 2 AND TOTAL CHARGE ^= 0, GO TO CPS9 - CPTCHGPAID1.<br>ELSE IF CPS REASON = 2 AND TOTAL CHARGE = 0, GO TO BOX CPS10. | | |
| CPTCHGPAID1 | CPS9 | code one | [Last time, we recorded that the (total charge/copayment amount) for the [READ EVENT(S) ABOVE] was (TOTAL CHARGE)), and that no payment had been made.] [Have you/Has (SP)] or any other source[, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of [the total charge/the copayment amount/this (TOTAL CHARGE)]? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) (TOTAL CHARGE/COPAYMENT AMOUNT) IS WRONG<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS10<br>(02) BOX CPS10<br>(03) CPS10 - TCHGWRONG<br>(-8) BOX CPS10<br>(-9) BOX CPS10 |
| TCHGWRONG | CPS10 | no entry | YOU CANNOT CORRECT THE TOTAL CHARGE HERE. THE ERROR HAS BEEN NOTED. ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY PORTION OF THE CHARGE. | | CPS9 - CPTCHGPAID1 |
| | BOX CPS10 | routing | IF (CPS9 - CPTCHGPAID1 = 1/SomeonePaid) OR (TOTAL CHARGE = 0), GO TO NS65 - NSADDSOP1.<br>ELSE IF (CPS9 - CPTCHGPAID1 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT.<br>ELSE GO TO BOX CPS32. | | |
| CPTCHGPAID2 | CPS11 | code one | Last time, we recorded that [Medicare had paid [nothing and/(MEDICARE PAYMENT AMOUNT) and after Medicare paid,]] there was an amount remaining of (CPS AMOUNT REMAINING) for the [READ EVENT(S) ABOVE.]<br><br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] now paid any of this (AMOUNT REMAINING)? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) AMOUNT REMAINING SEEMS WRONG<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS12<br>(02) BOX CPS12<br>(03) CPS12 - TCHGWRONG<br>(-8) BOX CPS12<br>(-9) BOX CPS12 |

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| TCHGWRONG | CPS12 | no entry | YOU CANNOT CORRECT THE AMOUNT REMAINING HERE.  THE ERROR HAS BEEN NOTED.  ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID. | | CPS11 - CPTCHGPAID2 |
| | BOX CPS12 | routing | IF (CPS11 - CPTCHGPAID2 = 1/SomeonePaid), GO TO ST65 - STADDSOP1.<br>ELSE IF (CPS11 - CPTCHGPAID2 = 2/NothingPaid), GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS11 - CPTCHGPAID2 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32. | | |
| CPTCHGPAID3 | CPS13 | code one | Let me review what we recorded last time.<br><br>[REVIEW WITH RESPONDENT.]  The total of all payments is $(TOTAL PAYMENTS).  The amount unpaid is $(DIFFERENCE BETWEEN PAYMENTS AND TOTAL CHARGE).<br><br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) TOTAL CHARGE SEEMS WRONG<br>(04) PAYMENT AMOUNTS WRONG<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS14<br>(02) BOX CPS14<br>(03) CPS14 - TCHGWRONG<br>(04) BOX CPS14<br>(-8) BOX CPS14<br>(-9) BOX CPS14 |
| TCHGWRONG | CPS14 | no entry | YOU CANNOT CORRECT THE AMOUNT HERE.  THE ERROR HAS BEEN NOTED.  ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT. | | CPS13 - CPTCHGPAID3 |
| | BOX CPS14 | routing | IF CPS13 - CPTCHGPAID3 = 1/Yes, GO TO NS65 - NSADDSOP1.<br>ELSE IF CPS13 - CPTCHGPAID3 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS13 - CPTCHGPAID3 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32. | | |
| CPTCHGPAID4 | CPS15 | code one | Let me review what we recorded last time.<br><br>[REVIEW ABOVE WITH RESPONDENT.]  There seems to be some amount still unpaid.  The total of non-Medicare payments is $(TOTAL PAYMENTS).  The amount unpaid is $(DIFFERENCE BETWEEN PAYMENTS AND CPS AMOUNT REMAINING).<br><br>[Have you/Has (SP)] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid any additional amount? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(03) AMOUNT REMAINING SEEMS WRONG<br>(04) PAYMENT AMOUNTS WRONG<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS16<br>(02) BOX CPS16<br>(03) CPS16 - TCHGWRONG<br>(04) BOX CPS16<br>(-8) BOX CPS16<br>(-9) BOX CPS16 |
| TCHGWRONG | CPS16 | no entry | YOU CANNOT CORRECT THE AMOUNT HERE.  THE ERROR HAS BEEN NOTED.  ANSWER "YES" OR "NO" AS APPROPRIATE AS TO WHETHER ANY SOURCE HAS PAID ANY ADDITIONAL AMOUNT. | | CPS15 - CPTCHGPAID4 |

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| | BOX CPS16 | routing | IF CPS15 - CPTCHGPAID4 = 1/Yes, GO TO ST65 - STADDSOP1.<br>ELSE IF CPS15 - CPTCHGPAID4 = 2/NothingPaid, GO TO CPS17 - EXPAYOUT.<br>ELSE IF (CPS15 - CPTCHGPAID4 = DK), GO TO CPS23 - RRDETAIL.<br>ELSE GO TO BOX CPS32. | | |
| EXPAYOUT | CPS17 | yes/no | Do you expect that [you/(SP)] or any other source will pay any [of this amount/additional amount for [READ EVENT(S) ABOVE]]? | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | (01) BOX CPS17<br>(02) BOX CPS32<br>(-8) BOX CPS32<br>(-9) BOX CPS32 |
| | BOX CPS17 | routing | IF (CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND), GO TO CPS18 - EXPAYUNT.<br>ELSE GO TO BOX CPS32. | | |
| EXPAYUNT | CPS18 | code one | How much do you expect will be paid? | (91) PERCENTAGE<br>(02) DOLLARS<br>(-8) Don't Know<br>(-9) Refused | (01) CPS18 - EXPAYAMT<br>(02) CPS18 - EXPAYPCT<br>(-8) BOX CPS32<br>(-9) BOX CPS32 |
| EXPAYPCT | CPS18 | numeric | How much do you expect will be paid? | (01) continuous answer | BOX CPS32 |
| EXPAYAMT | CPS18 | numeric | How much do you expect will be paid? | (01) continuous answer | BOX CPS32 |
| RRDETAIL | CPS23 | yes/no | DID RESPONDENT MENTION (AN INSURANCE/A) REFUND OR REIMBURSEMENT ABOUT WHICH HE/SHE IS NOT SURE OF THE DETAILS?<br>[DO NOT ENTER A COMMENT HERE TO EXPLAIN THE SITUATION.] | (01) YES<br>(02) NO<br>(-8) Don't Know | (01) CPS24 - RRADD<br>(02) BOX CPS32<br>(-8) BOX CPS32 |
| RRADD | CPS24 | yes/no | DO YOU WANT TO ADD A REFUND OR REIMBURSEMENT?<br>[DO NOT SELECT "YES" IF THE RESPONDENT KNOWS A REIMBURSEMENT AMOUNT, BUT DOES NOT KNOW WHO PAID IT.] | (01) YES<br>(02) NO | (01) CPS25 - CPADDSOP<br>(02) BOX CPS32 |
| CPADDSOP | CPS25 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE LISTED BELOW?<br>SELECT "NO" TO ADD A SOURCE OF PAYMENT. | (01) YES<br>(02) NO | (01) CPS27 - TSOPREIM<br>(02) CPS26 - SOP_CP |
| SOP_CP | CPS26 | roster | ADD ALL ADDITIONAL SOURCES OF PAYMENT FOR THIS CHARGE BUNDLE. | (01) continuous answer | CPS27 - TSOPREIM |
| TSOPREIM_NAME | CPS27 | grid | Who (else) paid (besides Medicare)?  How much did (SOURCE) pay? | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | BOX CPS27A |

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| TSOPREIM_AMT | CPS27 | grid | How much did (SOURCE) pay?<br><br>REIMBURSEMENT AMOUNT: (REIMBURSEMENT AMOUNT)<br>ENTER ALL REIMBURESMENT AMOUNTS. | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | BOX CPS27A |
| | BOX CPS27A | routing | GO TO BOX CPS27B. | | |
| | BOX CPS27B | routing | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT CPS26 IS A HEALTH INSURANCE PLAN AND CPREASON=3, GO TO CPS27BINT - PLANINTRO_CPS.<br>ELSE GO TO BOX CPS29E. | | |
| PLANINTRO_CPS | CPS27BINT | no entry | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added. | | BOX CPS27C |
| | BOX CPS27C | routing | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT CPS26<br>IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO CPS28 - CPMHMOCHNG.<br>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 HIMC3-COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A MEDICARE PRESCRIPTION DRUG PLAN AND SP HAS A MEDICARE PRESCRIPTION DRUG PLAN THAT IS CURRENT, GO TO CPS29A - CPMPDPCHNG.<br>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 HIMPDP-COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS MEDICAID, GO TO HI6 - COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A PUBLIC PLAN, GO TO HI13 - COVTIME.<br>ELSE IF SOURCE OF PAYMENT IS A PRIVATE PLAN, GO TO HI21 - COVTIME.<br>ELSE GO TO HIT2 - COVTIME. | | |
| CPMHMOCHNG | CPS28 | yes/no | I recorded previously that (CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Managed Care Plan. Has this information changed? | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | (01) HIMC3-COVTIME<br>(02) BOX CPS29A<br>(-8) BOX CPS29A<br>(-9) BOX CPS29A |
| CPMPDPCHNG | CPS29A | yes/no | I recorded previously that (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) was [your/(SP's)] current Medicare Prescription Drug Care Plan.<br><br>Has this information changed? | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | (01) HIMPDP-COVTIME<br>(02) BOX CPS29A<br>(-8) BOX CPS29A<br>(-9) BOX CPS29A |
| | BOX CPS29A | routing | IF ANOTHER SOP WAS ADDED AT CPS26, GO TO BOX CPS27C.<br>ELSE GO TO BOX CPS29E. | | |
| | BOX CPS29E | routing | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT CPS26, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT CPS26 THAT IS AN "OTHER SOURCE OF PAYMENT"<br>GO TO BOX CPS29F. | | |
| | BOX CPS32 | routing | GO TO BOX CPSBEG. | | |
| | BOX CPSEND | routing | IF SEASON=SUMMER, GO TO PXQ.<br>ELSE GO TO END. | | |