MAIN STUDY - ROUND 25

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 purchases 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 every round while 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 without any purchases 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 listed on the following page.

The No Statement series is NOT asked if:

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

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

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

Institutional utilization (IU1 = 1),

OM 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 has been previously linked during the current round Statement series, the current round No Statement series, or any previous round Statement or No Statement series,

any part of the total times per month 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.

1

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 NS3a.

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), e.g., 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 entered for either the previous or 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. Refer to the General Specifications section for further instructions on date displays for rental events.

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***. 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. IF EXIT SAMPLE AND ST1ahmo = 3, GO TO BOX NS2A. IF SP HAS ONLY MEDICARE (PLANTYPE = 1) AND EVENT = DU OR PM, GO TO NS2. IF SP HAS ONLY MEDICARE (PLANTYPE = 1) AND EVENT ≠ DU OR PM, GO TO NS1. IF MANAGED CARE PLAN (MEDICARE OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND AND ST1ahmo = 1, 2, -7 OR -8, GO TO NS1. IF MANAGED CARE PLAN (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. OTHERWISE, GO TO NS1.

5

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) rented for the period between (FIRST DAY OF RENTAL PERIOD/BEG. DATE OF REF. PERIOD WHEN COST WAS CREATED) and (LAST DAY OF RENTAL PERIOD/TODAY/DATE OF DEATH OR INSTIT.)/the (NUMBER OF TIMES FROM PM6a/OM25) times (you/SP) obtained (MEDICINE NAME/ITEM)]?

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

NS1aa.   EVENT: XXXXXXXXXXXXXXXXXXX

REMINDER: "EVENT ENTERED IN ERROR" INSTRUCTS THE HOME OFFICE TO DELETE THIS EVENT.

IF YOU HAVE ENTERED THIS CODE IN ERROR, CTRL/B AND ENTER THE CORRECT CODE AT NS1. OTHERWISE, EXPLAIN WHY YOU SELECTED "EVENT ENTERED IN ERROR" FOR THIS EVENT.

EVERRVB1   _____

EVERRVB2   _____

EVERRVB3   _____

(GO TO NSINTRO1/NSEND)

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: XXXXXXXXXXXXXXXXXXX

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   REFUSED .... -7   ***BOX NS3***
TOTALTYP   DON'T KNOW .... -8   ***BOX NS3***

BOX NS3	a. SET FLAG TO SHOW THAT TOTALCHG WAS COLLECTED IN NS2. b. SET TOTALTYP TO 1. c. IF TOTALCHG = 0 AND SP HAS MEDICAID, GO TO NSINTRO1/NSEND/ CPSINTRO/INTMENU. d. IF OM EVENT WHERE RENTPROB = 2 (RENT), GO TO NS2a. e. IF PM OR OM EVENT WHERE GETNUM > 1, GO TO NS3. f. IF PROVIDER EVENT WHERE EVBEGDD = -5 (SHIFT/5), GO TO NS3a. g. OTHERWISE, GO TO NS4.

NS2a.   EVENT: (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)]?
[ENTER 96 IF LESS THAN 1 MONTH.]

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

NS2b.   EVENT: XXXXXXXXXXXXXXXXXXX

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   COPAY AMOUNT: $ _____._____ ⎫
TOTALTYP   REFUSED .... -7 ⎬ ***BOX NS3A***
NSDATQNO   DON'T KNOW .... -8 ⎭

7

BOX NS3A	a. SET FLAG TO SHOW THAT TOTALCHG WAS COLLECTED IN NS2b. b. SET TOTALTYP TO 2. c. IF TOTALCHG = 0 AND SP HAS MEDICAID, GO TO NSINTRO/NSEND/ CPSINTRO/INTMENU. d. IF PM EVENT WHERE GETNUM > 1, GO TO NS3. e. IF PROVIDER EVENT WHERE EVBEGDD = -5 (SHIFT/5), GO TO NS3a. f. OTHERWISE: IF TOTALCHG NOT = 0, THEN GO TO NS19. IF TOTALCHG = 0, THEN 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: .... __	
NUMLINKS	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: .... __	
RVLINKS	REFUSED .... -7	*BOX NS3B*
	DON'T KNOW .... -8	

BOX 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*

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: XXXXXXXXXXXXXXXXXXX
                  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	START DATE	TIMES PER MONTH	STOP DATE	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 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 - 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: XXXXXXXXXXXXXXXXXXXX
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 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. INTERVIEWER: IS (PROVIDER) THE NAME OF AN ORGANIZATION OR THE NAME OF A PERSON?

FACPERS   ORGANIZATION 1
                         PERSON 2

BOX NS6A	IF NS9a = 1 AND NS7=8, GO TO HH6. IF NS9a = 1 AND NS7=9, GO TO HH25. IF NS9a = 2 AND NS7=8, GO TO HH3. IF NS9a = 2 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 Department of Veterans Affairs, or VA, facility?

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 A MANAGED CARE PLAN (HI25, HI10a, OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) .... 1 (b) SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI25 OR HI10a=2 OR MISSING FOR ALL PLANS) .... 2 ***BOX NS9A*** b. MANAGED CARE FLAG CODED YES FOR THIS PROVIDER .... 1 ***BOX NS9A*** MANAGED CARE FLAG CODED NO OR MISSING FOR THIS PROVIDER .... 2 (NS13) MANAGED CARE FLAG NOT SET FOR THIS PROVIDER 3 (NS12)

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

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

BOX NS9A	COLLECT NEW UTILIZATION FOR EACH VISIT DATE: IF TYPE AT NS7 = 3, ASK DU7. 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 = 10, GO TO **BOX MP2A**. 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:
	    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: XXXXXXXXXXXXX

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 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 10=ALL OTHER MEDICAL SUPPLIES

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

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

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

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

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

BOX NS11A	IF CTRL/A AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND AND TYPE ADDED = 1, GO TO OM2a; TYPE = 2, GO TO OM4a; TYPE = 3 AND SUBCATEGORY IS 21, 22, OR 23, GO TO OM7aa; TYPE = 4, GO TO OM10a; TYPE = 5, GO TO OM12a; TYPE = 6, GO TO OM14a; TYPE = 8 AND SUBCATEGORY IS 51, GO TO OM20aa; TYPE = 9 AND SUBCATEGORY IS 61, GO TO OM22aa; THEN GO TO NS15. IF CTRL/A AND TYPE ADDED = 24, 25, 26, 41-44, 48, 52, 62, OTHER SPECIFY ORTHOPEDIC ITEM, OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO NS14aa. OTHERWISE, GO TO *BOX NS12.*

NS14aa. Did (you/SP) buy or repair the (ITEM ADDED AT NS14), or did (you/SP) rent (it/them)?

> BUY/REPAIR .... 1 *BOX NS12*
> RENT .... 2 *BOX NS11AA*
> REFUSED .... -7 *BOX NS12*
> DK .... -8 *BOX NS12*

BOX NS11AA	COMPARE RENTAL ITEM ADDED AT NS14 WITH EXISTING RENTAL ITEMS ON THE OME ROSTER. IF RENTAL TYPE MATCHES AND THE START DATE OF THE ITEM ADDED IS ON THE START DATE OR BETWEEN THE START DATE AND STOP DATE OF THE MATCHED ITEM, GO TO NS14bb. OTHERWISE, GO TO *BOX NS11AB*.

NS14bb. ORIGINAL RENTAL EVENT(S)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)

ADDED RENTAL EVENT
ITEM/TYPE: (XXXXXXX)   START DATE: (XX/XX/XX)   STOP DATE: (XX/XX/XX)

THE RENTAL EVENT JUST ADDED OVERLAPS ONE OR MORE EXISTING RENTAL EVENTS OF THE SAME TYPE. (SEE INFORMATION ABOVE.)

DOES THE TOTAL CHARGE INCLUDE EXPENSES FOR ONE OF THE ORIGINAL RENTAL ITEMS OR EXPENSES FOR A NEW RENTAL ITEM?

> ORIGINAL RENTAL ITEM 1 NS14cc
> NEW RENTAL ITEM .... 2 *BOX NS11AB*
> DK .... -8 *BOX NS11AB*

NS14cc. USE CTRL/B TO RETURN TO THE OME ROSTER. AT THE ROSTER, DELETE THE RENTAL ITEM THAT YOU JUST ADDED AND SELECT THE ORIGINAL RENTAL ITEM. [PRESS CTRL/B TO LEAVE THE SCREEN.]

BOX NS11AB	IF TYPE ADDED AT NS14 = 24, 25, 26 OR OTHER SPECIFY ORTHOPEDIC ITEM, GO TO OM7b. IF TYPE ADDED AT NS14 = 52, GO TO OM20b. IF TYPE ADDED AT NS14 = 62, GO TO OM22b. IF TYPE ADDED AT NS14 = 41-44, 48 OR OTHER SPECIFY OTHER MEDICAL SUPPLIES, GO TO OM26a1.

BOX NS11B	IF ITEM OR ITEMS INCLUDED IN THIS BUNDLE RENTED (RENTPROB = 2), GO TO NS14a FOR EACH RENTAL ITEM. IF NO RENTAL ITEMS, GO TO NS15.

NS14a.   EVENT: (RENTAL ITEM)   (RENTAL REFERENCE DATES)

TOTAL CHARGE = $(TOTAL CHARGE)

How many months are covered by this total charge?
[ENTER 96 IF LESS THAN ONE MONTH.]

	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. 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: XXXXXXXXXXXXXXXXXXXX
         TOTAL CHARGE: XXXXXXXXXXXXX

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: XXXXXXXXXXXXXXXXXXX
         TOTAL CHARGE: XXXXXXXXXXXXX

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 MANAGED CARE PLAN (MEDICAID, MEDICARE OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO NS17a. IF MEDICINES ADDED AT NS16 AND NO MANAGED CARE PLAN WAS IN EFFECT DURING THE CURRENT ROUND, GO TO NS18. IF NO MEDICINES ADDED AT NS16, GO TO **BOX NS15**.

NS17a. SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

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

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

[DISPLAY ALL MANAGED CARE PLAN NAMES]

PMSATHMO   YES 1
                      NO 2

16

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
XXXXXXXXXXXXXXXXXXX

(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 <u>NOT</u> EXIT 40 SAMPLE. IF EXIT 40 SAMPLE, GO TO NEXT SECTION.

NS20.   EVENT: XXXXX

    [Who covered this (EVENT)? [SELECT OR ADD ALL SOURCES OF COVERAGE. ENTER SHIFT/8 FOR AMOUNTS.]/Who (else) paid? How much did (SOURCE) pay? [ENTER ALL SOURCES.]

    TO SELECT A SOURCE, USE ARROW KEYS, PRESS X, PRESS ENTER.

    TO ADD A SOURCE, PRESS CTRL/A. TO LEAVE SCREEN, PRESS ESC.

    PAYMTYPE
    PAYMAMT
    PAYMPLAN
    PAYMOSOP

    (TOTAL CHARGE/COPAY AMOUNT) $ 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/MEDICAID MANAGED CARE PLAN	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 NS17(c)**
MILITARY PLAN OTHER THAN VA	5	**BOX NS17**
NOT SP'S INSURANCE PLAN (PLAN BELONGS TO SOMEONE ELSE)	6	**BOX NS17(c)**
MEDICARE MANAGED CARE PLAN	7	**BOX NS17**
REFUSED	-7	**BOX NS17(c)**
DON'T KNOW	-8	**BOX NS17(c)**

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-HI10d. IF NS21=2 OR 5, ASK HI13-HI16a. IF NS21=3, ASK HI21-HI33c. IF NS21=7, GO TO ***BOX NS17A***. 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 COVERAGE INFORMATION 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 MANAGED CARE PLAN ADDED AND NO OTHER MEDICARE MANAGED CARE PLAN IS CURRENT, GO TO HIMC3. OTHERWISE, GO TO HIMC4.

BOX NS18	a. IF TOTAL CHARGE IS MISSING, GO TO ***BOX NS19***. b. IF TOTAL CHARGE NOT MISSING AND NO SOP = MISSING, GO TO e. c. IF TOTAL CHARGE NOT MISSING AND ALL SOPs = MISSING, GO TO ***BOX NS19***. d. IF TOTAL CHARGE NOT MISSING BUT ANY SOP = MISSING BUT <u>**ALL**</u> SOPs NOT = MISSING, AND IF THE TOTAL OF ALL NON-MISSING SOPs = OR > THE TOTAL CHARGE, GO TO NS23a. IF TOTAL OF NON-MISSING SOPs IS LESS THAN THE TOTAL CHARGE, THEN GO TO ***BOX NS19***. e. 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.

19

NS22. TOTAL CHARGE: $ XXXXXXXXX.XX
    SOP 1: $ XXXXXXXXX.XX
    SOP 2:   <u>$ XXXXXXXXX.XX</u>
    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 OVERPAID: $ XXXXXXXXX.XX

There seem to be more payments than the total charge. [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*

NS23a. TOTAL CHARGE: $ XXXXXXXXX.XX
    SOP 1: $ XXXXXXXXX.XX
    SOP 2:   <u>$ XXXXXXXXX.XX</u>

INTERVIEWER: THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE TOTAL CHARGE, WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.

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: $ XXXXXXXXX.XX

__ SP/FAMILY	$ XXXXXXXXX.XX
__ PROVIDER DISCOUNT/COURTESY	$_____
__ MEDICARE	$_____
__ [VA (VETERANS ADMINISTRATION)]	$_____
__ SOP 1	$ XXXXXXXXX.XX
__ SOP 2	$_____
__ SOP 3	$ XXXXXXXXX.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. IF SP/FAMILY PAYMENT NOT > $5.00, GO TO **BOX NS20**. 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) or (your/his/her) family 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
	a. IF COMING FROM INTERRUPT:
	      <u>AND</u> THIS IS AN EXIT INTERVIEW,
	      IF NS25=1, GO TO CPS3b;
	      IF NS25=-1, 2, -7, -8, RETURN TO INTERRUPT MENU.
	
	b. IF COMING FROM CPS:
	      AND EVENT COLLECTED IN PREVIOUS ROUND,
	   GO TO **BOX CPS11**.
	
	c. IF COMING FROM CPS:
	      AND EVENT COLLECTED TWO ROUNDS PREVIOUS TO CURRENT
	      ROUND, OR THIS IS EXIT INTERVIEW (NOT COMING FROM
	      INTERRUPT):
	      IF NS25=1, GO TO CPS3b;
	      IF NS25=-1, 2, -7, -8, GO TO **BOX CPS11**.
	
	d. IF EVENT IS PM WHERE PMSATHMO=1 FOR THE CURRENT ROUND AND
	      THERE IS ANY UNLINKED CURRENT-ROUND PM EVENT WHERE
	      PMSATHMO=1, OR
	   IF HMOASSOC=1 FOR PROVIDER OR HMOREFER=1 FOR EVENT AND
	      EVENT IS NOT ER, IP, IU, OM, OR PM
	      AND THERE IS ANY OTHER UNLINKED CURRENT-ROUND EVENT OF
	      THE SAME TYPE WHERE HMOASSOC=1 FOR PROVIDER OR
	      HMOREFER=1 FOR EVENT,
	   THEN, GO TO **BOX NS21B**.
	
	e. IF EVENT IS PM,
	      AND THERE IS ANY UNLINKED CURRENT-ROUND PM EVENT, OR
	   IF EVENT IS OM AND NOT A RENTAL,
	      AND THERE IS ANY UNLINKED CURRENT-ROUND OM EVENT OF THE
	      SAME OME TYPE THAT IS NOT A RENTAL, OR
	   IF EVENT IS PROVIDER EVENT,
	      AND THERE IS ANY OTHER UNLINKED CURRENT-ROUND EVENT FOR
	      THE SAME PROVIDER,
	   THEN, GO TO **BOX NS21**.
	
	f. OTHERWISE:
	   IF NOT EXIT 40 SAMPLE, GO TO NSINTRO1/NSEND/INTERRUPT MENU;
	   IF EXIT 40 SAMPLE, GO TO NEXT SECTION.

BOX
NS21
	a. IF NS4=2, GO TO NSINTRO1/NSEND.
	
	b. IF PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00,
	      AND NO OTHER SOP PAID, OR
	   IF PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00 OR
	   THERE IS NO PAYMENT BY SP/FAMILY,
	      AND ANOTHER SOP PAID AN UNKNOWN AMOUNT,
	   THEN GO TO NS26.
	
	c. OTHERWISE:
	   IF <u>NOT</u> EXIT 40 SAMPLE, GO TO NSINTRO1/NSEND/INTERRUPT MENU;
	   IF EXIT 40 SAMPLE, GO TO NEXT SECTION.

BOX
NS21B
	a. IF EVENT IS PM:
	      AND PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00,
	      AND NO OTHER SOP PAID, OR
	      PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00 OR
	      THERE IS NO PAYMENT BY SP/FAMILY,
	      AND ANOTHER SOP PAID AN UNKNOWN AMOUNT,
	  THEN GO TO NS27a.
	
	b. IF EVENT IS NOT PM:
	      AND PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00,
	      AND NO OTHER SOP PAID, OR
	      PAYMENT AMOUNT FOR SP/FAMILY IS = OR LESS THAN $25.00 OR
	      THERE IS NO PAYMENT BY SP/FAMILY,
	      AND ANOTHER SOP PAID AN UNKNOWN AMOUNT,
	  THEN GO TO NS26a.
	
	c. OTHERWISE:
	  IF <u>NOT</u> EXIT 40 SAMPLE, GO TO NSINTRO1/NSEND/INTERRUPT MENU;
	  IF EXIT 40 SAMPLE, GO TO ***BOX CPS1***.

NS26.   EVENT: XXXXX
                     TOTAL CHARGE: $ XXX.XX [$(AMOUNT) (per visit/per purchase)]
                     SP/FAMILY PAID: $ XXX.XX
                     [OTHER SOPS: (SOURCE OF PAYMENT)]

You told me earlier that (you/SP) had other (EVENT) (purchases). Are any other (EVENT) (purchases) the same – that is [the total charge was (TOTAL CHARGE FROM NS2) (per visit/per purchase)/you don't know the total charge] [and (you/SP) or (your/his/her) family paid (DOLLAR AMOUNT) (per visit/per purchase)] [and (some portion was paid/the (visit/purchase) was covered in full) 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: XXXXX
                COPAYMENT: $ XXX.XX [$(AMOUNT) per visit]
                SP/FAMILY PAID: $ XXX.XX
                [OTHER SOPS: (SOURCE OF PAYMENT)]
                [OTHER PROVIDER NAMES]

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

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

NS26b.   EVENT: XXXXX
                COPAYMENT: $ XXX.XX [$(AMOUNT) per visit]
                SP/FAMILY PAID: $ XXX.XX
                [OTHER SOPS: (SOURCE OF PAYMENT)]

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

Which one(s) (is/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]

VISSAME

NS27.   EVENT: XXXXX
                TOTAL CHARGE: $ XXX.XX [$(AMOUNT) (per visit/per purchase)]
                SP/FAMILY PAID: $ XXX.XX
                [OTHER SOPS: (SOURCE OF PAYMENT)]

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

24

NS27a.   EVENT: XXXXX
                COPAYMENT: $ XXX.XX [$(AMOUNT) per purchase]
                SP/FAMILY PAID: $ XXX.XX
                [OTHER SOPS: (SOURCE OF PAYMENT)]

You told me earlier that (you/SP) had purchased other prescribed medicines through a managed care plan. Was the payment situation the same for any of these medicines? That is, [the copayment was (AMOUNT FROM NS2b) (per purchase)/you don't know the copayment] [and (you/SP) or (your/his/her) family paid (DOLLAR AMOUNT) (per purchase)] [and (some portion was paid/the purchase was covered in full) by [READ SOURCES OF PAYMENT ABOVE.]]?

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

NS27b.   EVENT: XXXXX
                  COPAYMENT: $ XXX.XX [$(AMOUNT) per purchase
                SP/FAMILY PAID: $ XXX.XX
                [OTHER SOPS: (SOURCE OF PAYMENT)]

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?

	TIMES	TIMES SAME
[PMEDNAME]	X	

NUMSAME

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***