MCBS MAIN STUDY - ROUND 46, FALL 2006

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 OM 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. A rental item should go through NS if the rental stopped during the current round (RENTENDR=CURRENT ROUND) and if the item is not already linked to a current round charge bundle. Otherwise, rental items with no current round statement information should go to NS every round if: 1) the item is still being rented (RENTSTIL=1); or 2) the rental stopped but the SP had costs for the item in this round, as indicated at PS1a (HADPYMNT=1 and PYMNTRND=CURRENT ROUND). 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, rental start date, rental end date or rental symbols, and the 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 all events reported during the normal course of the utilization sections (including Utilization Summary), events added using Interrupt, and events added during the Statement series that do not have associated charges. Sort all these events by event type (EVNTTYPE); within event type, events should be sorted in the order they are entered (as indicated by EVNTNUM). The order of events is: DU, ER, IP, OP, HP, HF, MP, OM, PM, SD, and SL. These types should then be presented through NS, in that order. The NSINTRO1 and EVENT headers to be displayed for each type of event are listed on a 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) and it is <u>not</u> the SP's exit interview (i.e., INTERVIEW TYPE ≠ 8 or 9);

    Institutional utilization (IU1 = 1);

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

    a rental item did not have current round costs as indicated at PS1a (HADPYMNT = 2, -7, or -8 and PYMNTRND = CURRENT ROUND);

    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, incontinence supplies, 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.

Note: Events entered during the current round for exit cases will go through NS in the same manner as events for continuing cases. In addition, exit cases with an ongoing IP stay will go through NS. 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.

The following are specifications to be used wherever "EVENT: XXXXXXXXX" appears for any of the NS screens.

<u>EVENT</u>   <u>DISPLAY</u>

EVENT	DISPLAY
DENTAL VISIT(S) FROM DU6	dental visit to (PROVIDER FROM DU2) on [DATE(S) FROM DU6]; if event date = RV, display "[#] visits to (PROVIDER FROM DU2) during the month of [MONTH]", where # = times per month and MONTH = month from event date.
EMERGENCY ROOM VISIT(S) FROM ER4	visit to the ER at (PROVIDER FROM ER2) on [DATE(S) FROM ER4]
INPATIENT HOSPITAL STAY(S) FROM IP4/IP5	stay at (PROVIDER FROM IP2) from (DATE FROM IP4) to (DATE FROM IP5). Display discharge date as "(STILL IN HOSPITAL)" if EVENDMM = 95.
OUTPATIENT HOSPITAL VISIT(S) FROM OP4	visit to the OPD at (PROVIDER FROM OP2) on [DATE(S) FROM OP4]; if event date = RV, display "[#] visits to the (OPD) at (PROVIDER FROM OP2) during the month of [MONTH]", where # = times per month and MONTH = month from event date.
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 (PROVIDER 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]; if event date = RV, display "[#] visits to (PROVIDER FROM MP2, MP19, MP27, MP35, MP43, MP51) during the month of [MONTH]" where # = times per month and MONTH = month from event date
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; Display end date as "OW" if item is no longer rented and RENT2BUY = 2
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; Display end date as "OW" if item is no longer rented and RENT2BUY = 2
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; Display end date as "OW" if item is no longer rented and RENT2BUY = 2
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; Display end date as "OW" if item is no longer rented and RENT2BUY = 2
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	LAB SERVICES FROM (PROVIDER) ON (DATE); if event date = RV, display "[#] lab services provided by (PROVIDER) during the month of (MONTH), where # = times per month and MONTH = month from event 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 during the month of July.

Note: All unlinked purchases of prescribed medicines, ostomy supplies, incontinence supplies, 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 RENT2BUY=2, display "OW" for stop date. Otherwise, display end date for stop date. If displayed stop date has -7 or -8 in any date field, display "RF" or "DK" in that date field 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 INTERVIEW (INTERVIEW TYPE ≠ 3), 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 ROUND 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 OMs WHERE OM25 = -7 OR -8, OR EVENT IS HH WHERE ONLY SERVICE PROVIDED IS MEAL DELIVERY, OR AN OM ALTERATION EVENT WHERE OM30 = 95, OR A PRESCRIBED MEDICINE WHERE PM6a = 0, GO TO ***BOX NS22***. IF ONLY UTILIZATION NOT ASSOCIATED WITH A CHARGE BUNDLE IN THE STATEMENT SERIES IS AN IP EVENT WHERE IP = 95 AND THIS IS THE SP'S EXIT INTERVIEW (INTERVIEW TYPE = 8 OR 9), GO TO NSINTRO1. IF ONLY UTILIZATION ASSOCIATED WITH A CHARGE BUNDLE IN THE STATEMENT SERIES IS AN IP EVENT WHERE IP = 95 AND THIS IS NOT THE SP'S EXIT INTERVIEW (INTERVIEW TYPE ≠ 8 OR 9), GO TO ***BOX NS22.*** IF NS1 = 9 (EVENT ENTERED BY DATA PREP STAFF, N/A WHETHER STATEMENT EXPECTED), GO TO ***BOX NS22***.

NSINTRO1.   EVENT: XXXXXXXXX

[Now that we're done with (your/SP's) statements from (Medicare) (and) (,) (insurance) (and) (, and) (TRICARE), let's talk about the costs for (medical visits) (,) (and) lab services (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 INTERVIEW (INTERVIEW TYPE = 8 OR 9) AND ST1ahmo = 1, 2, -7, -8 OR MISSING, GO TO NS1a. IF EXIT INTERVIEW (INTERVIEW TYPE = 8 OR 9) AND ST1ahmo = 3, GO TO ***BOX NS2A***. IF RENTAL EVENT WENT THROUGH PS THIS ROUND AND PS1a = 1, 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 MEDICARE MANAGED CARE PLAN WITHOUT PRESCRIPTION DRUG COVERAGE OR PRIVATE MANAGED CARE PLAN WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND AND ST1ahmo = 1, 2, -7 OR -8, GO TO NS1. IF MEDICARE MANAGED CARE PLAN WITHOUT PRESCRIPTION DRUG COVERAGE OR PRIVATE MANAGED CARE PLAN 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.

NS1.   EVENT: XXXXXXXXXXXXXXXXXXX

As far as you know, is anything expected in the mail from Medicare (or insurance/, insurance, or TRICARE) about [this visit/these visits/this stay/the (ITEM)/the charge for the (ITEM) rented (with the option to buy) 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)]?

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

	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**

NS1ab OMITTED IN ROUND 45.

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 (with the option to buy) 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]
          [IF CHARGE REPORTED AS HOURLY RATE, CALCULATE AND ENTER THE TOTAL CHARGE FOR THE
          ENTIRE ROUND.]

          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: XXXXXXXXXXXXXXXXXXXXX

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: $ _____._____	*BOX NS3A*
TOTALTYP	REFUSED .... -7	*BOX NS3A*
NSDATQNO	DON'T KNOW .... -8	*BOX NS3A*

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: .... __	*BOX NS3B*
NUMLINKS	REFUSED .... -7	*BOX NS3B*
	DON'T KNOW .... -8	*BOX NS3B*

NS3a.   (For) How many of the (NUMBER) [visits to (PROVIDER)/visits to the OPD at (PROVIDER) during the month of (MONTH)/lab services provided by (PROVIDER) 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: .... __	***BOX NS3B***
RVLINKS	REFUSED .... -7	***BOX NS3B***
	DON'T KNOW .... -8	***BOX NS3B***

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

Does [(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***

NS5.   EVENT: XXXXXXXXXXXXXXXXXXXX
              TOTAL CHARGE: XXXXXXXXXXXXXX

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 NS5 = 1, GO TO NS6. IF NS5 = 2 AND NS5 ≠ 1, GO TO NS14. IF NS5 = 3 AND NS5 ≠ 1 OR 2, GO TO NS16.

NS6.   EVENT: XXXXXXXXXXXXXXXXXXXX
              TOTAL CHARGE: XXXXXXXXXXXXX

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

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

       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 (SL) 2=SEPARATELY BILLING DOCTOR (SD) 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 (HP) 9=OTHER HOME
       HEALTH (AIDES, HOMEMAKERS, ETC.) (HF) 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 7, EVENT GETS CURRENT ROUND DATE AND SKIPS NS7a. OTHERWISE, GO TO **BOX NS4B**.

NS7a.   WHICH REFERENCE PERIOD IS THIS HOME HEALTH EVENT FOR?
[ST10a]
          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, GO TO NS8.

NS8.   EVENT: XXXXXXXXXXXXXXXXXXX
               TOTAL CHARGE: XXXXXXXXXXXX
               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 = 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 ≠ 2 AND NS5 = 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 ≠ 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 NS7 = 3, SET PROVIDER SPECIALTY AS "DENTIST" AND GO TO **BOX NS7**.
	    IF NS7 = 4, 5, OR 6, GO TO **BOX NS7**.
	    IF NS7 = 8 OR 9, GO TO NS9a.
	    SET FLAG TO NOTE THAT UTILIZATION WAS COLLECTED IN CHARGE
	    SERIES AND THEN GO TO **BOX NS11**.
	    IF NS7 = 10 AND PROVIDER ADDED USING CTRL/A AT NS6, GO TO NS10.
	    IF NS7 = 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?
[ST12a]

    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)?
        PROVSPEC
        PROVSPOS

BOX
NS7
	a. SP HAS USED VA FACILITIES (HI36 = 1) .... 1 (b)
	       SP HAS NOT USED VA FACILITIES (HI36 ≠ 1) .... 2 **BOX NS9**
	b. VA FLAG ≠ -1 FOR THIS PROVIDER .... 1 **BOX NS9**
	       VA FLAG = -1 FOR THIS PROVIDER 2 (NS11)

NS11.   Is [(PROVIDER) associated with/(PROVIDER)] a Department of Veterans Affairs, or VA, facility?
[PROVVA, FACLVA]

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

BOX NS8	OMITTED.

<table>
<tr><td rowspan="3">BOX
NS9</td><td colspan="2">IF NS11 = 1, SET VA FLAG. THEN:</td></tr>
<tr><td>aa.   TYPE AT NS7 = 7 1   BOX NS9A
       TYPE AT NS7 ≠ 7 2   (a)
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, HI10a, AND MEDICARE MANAGED CARE
      FLAG ≠ 1 FOR ALL PLANS) 2   BOX NS9A
b.   MANAGED CARE FLAG = 1 FOR THIS PROVIDER 1   BOX NS9A
      MANAGED CARE FLAG = 2, -7, -8, -9 FOR THIS
      PROVIDER 2   (NS13)
      MANAGED CARE FLAG = -1 FOR THIS PROVIDER 3   (NS12)</td></tr>
</table>

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

      HMOASSOC   YES 1   ***BOX NS9A***
                               NO 2   (NS13)
                                 REFUSED .... -7   (NS13)
                                 DON'T KNOW .... -8   (NS13)

NS13.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

      HMOREFER   YES 1   ***BOX NS9A***
                                 NO 2   (NS13a)
                                 REFUSED .... -7   ***BOX NS9A***
                                 DON'T KNOW .... -8   ***BOX NS9A***

NS13a OMITTED IN ROUND 44.

NS13b.   What is the most important reason (you/SP) did not (see a dental provider/go to an emergency room/go to a
[HMONO] hospital/go to a hospital outpatient department/see a doctor) associated with [READ MANAGED CARE PLAN
         NAME(S) BELOW] or (a dental provider/an emergency room/a hospital/a hospital outpatient department/a
         doctor) that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

NOGOHMO   PLAN DOES NOT COVER THE SERVICE SP WANTED 1
NOGOHMOS DIFFICULTY OR DELAY IN GETTING SERVICES 2
                SP PROVIDER PREFERENCE 3
                THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
                NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
                NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
                OTHER (SPECIFY) _____ 91
                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 = 2, GO TO NS14; IF NS5 $\neq$ 2 AND NS5 = 3, GO TO NS16; IF NS5 $\neq$ 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 = 2, GO TO NS14.
	          IF NS5 $\neq$ 2 AND NS5 = 3, GO TO NS16.
	          IF NS5 $\neq$ 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/CART 27=STOCKINGS 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=INCONTINENCE SUPPLIES
          47=BANDAGES 48 = PULMONARY EQUIPMENT 49=BLOOD PRESSURE 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, 23, OR 27, 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. IF CTRL/A AND TYPE ADDED = 49, GO TO ***BOX NS11AB***. OTHERWISE, GO TO ***BOX NS12.***

NS14aa.   EVENT: XXXXXXXXXXXXXXXXXXXX

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

RENTPROB   BUY/REPAIR .... 1 ***BOX NS11AC***
                       RENT .... 2 ***BOX NS11AA***
                       REFUSED .... -7 ***BOX NS11AC***
                       DON'T KNOW .... -8 ***BOX NS11AC***

BOX NS11AA	COMPARE RENTAL ITEM ADDED AT NS14 WITH EXISTING RENTAL ITEMS ON THE OM ROSTER. IF RENTAL TYPE MATCHES AND THE START DATE OF THE ITEM ADDED IS 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?

          TEMP   ORIGINAL RENTAL ITEM 1 NS14cc
                                NEW RENTAL ITEM .... 2 *BOX NS11AB*
                                DON'T KNOW .... -8 *BOX NS11AB*

NS14cc.   USE CTRL/B TO RETURN TO THE OM 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. IF TYPE ADDED AT NS14 = 49, GO TO OM26aa.

BOX NS11AC	IF COMING FROM NS14aa AND SP HAS ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLANS THIS ROUND, GO TO OM7aa AND THEN GO TO *BOX NS11B*. OTHERWISE, GO TO *BOX NS11B*.

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 BEGIN DATE) – (LAST RENTAL DATE)

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: XXXXXXXXXXXXXXXXXXX
               TOTAL CHARGE: XXXXXXXXXXXX

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

OTHER MEDICAL EXPENSES:
      ITEM   DATE [to (DATE/RR/OW)] (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 = 3, GO TO NS16. IF NS5 ≠ 3, GO TO **BOX NS15**. NOTE: FOR EACH OM ADDED AT NS14, SET FLAG TO NOTE THAT OM WAS COLLECTED IN CHARGE SERIES.

NS16.   EVENT: XXXXXXXXXXXXXXXXXXX
               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: XXXXXXXXXXXXXXXXXXXX
                 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 [to (DATE/RR/OW)] (ORP) OR NUMBER OF PURCHASES
                 ETC.

         PMMTCH   YES .... 1 *BOX NS12A*
                                 NO 2

BOX NS12A	IF MEDICINES ADDED AT NS16 AND SP HAS USED V.A. FACILITIES (HI36 = 1), GO TO NS17aa. IF MEDICINES ADDED AT NS16 AND SP HAS NOT USED V.A. (HI36 ≠ 1), GO TO **BOX NS13**. IF NO MEDICINES ADDED AT NS16, GO TO **BOX NS15**.

NS17aa. SURVEY REFERENCE PERIOD: XX/XX/XX TO XX/XX/XX

         Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of
         Veterans Affairs or V.A.?

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

BOX NS13	IF MANAGED CARE PLAN (MEDICAID, MEDICARE <u>OR</u> PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO NS17a. IF <u>NO</u> MANAGED CARE PLAN WAS IN EFFECT DURING THE CURRENT ROUND, GO TO NS18.

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
                     REFUSED .... -7
                     DON'T KNOW .... -8

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/TRICARE/TRICARE or 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.
	
	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX NS22**.
	
	OTHERWISE, GO TO NSINTRO1/NSEND/INTERRUPT MENU.

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
PAYMDMEM
PAYMPLAN
PAYMOSOP

(TOTAL CHARGE/COPAY AMOUNT) $ XXXXXXXX.XX

__ SP/FAMILY	$_____
__ PROVIDER DISCOUNT/COURTESY	$_____
__ MEDICARE	$_____
__ [VA (DEPT. OF VETERANS AFFAIRS)]	$_____
__ SOP 1	$_____
__ SOP 2	$_____
__ SOP 3	$_____
__ (NAME OF DM)	$_____

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)?]
[ST63]

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 (<u>NOT</u> INCLUDING VA
  OR TRICARE) .... 5 **BOX NS17(c)**
NOT SP'S INSURANCE PLAN (PLAN
  BELONGS TO SOMEONE ELSE) .... 6 **BOX NS17(c)**
MEDICARE MANAGED CARE PLAN .... 7 **BOX NS17A**
DISCOUNT/SAVINGS MEMBERSHIP.......... 8 **BOX NS17(d)**
TRICARE.. 9 **BOX NS17**
MEDICARE PRESCRIPTION DRUG PLAN.. 10 **BOX NS17B**
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, THEN GO TO (b). IF NS21 = 2, ASK HI13-HI16a, THEN GO TO (b). IF NS21 = 3, ASK HI21-HI33c, THEN GO TO (b) IF NS21 = 9 AND TRICARE PREVIOUSLY ENTERED, DISPLAY MESSAGE: "TRICARE ALREADY ON PLAN ROSTER. RESELECT OR USE CTRL/B." OTHERWISE, ASK HIT2 – HIT8, THEN GO TO (b). b. ADD SOP TO PLAN ROSTER IF APPROPRIATE. SET FLAG TO NOTE THAT PLAN WAS COLLECTED IN SOP ROSTER, THEN GO TO (c). 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. d. SET FLAG TO NOTE THAT THIS DM WAS COLLECTED IN SOP ROSTER. THEN GO TO **BOX DM2**.

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 NS17B	IF MEDICARE PRESCRIPTION DRUG PLAN ADDED AND NO OTHER MEDICARE PRESCRIPTION DRUG PLAN IS CURRENT, GO TO HI16c. OTHERWISE, GO TO HI16d.

BOX NS18	a. IF TOTAL CHARGE = -7, -8, GO TO ***BOX NS19***. b. IF TOTAL CHARGE ≠ -7, -8 AND NO SOP = MISSING, GO TO e. c. IF TOTAL CHARGE ≠ -7, -8 AND ALL SOPs = MISSING, GO TO ***BOX NS19***. d. IF TOTAL CHARGE ≠ -7, -8 BUT ANY SOP = -7, -8 BUT <u>ALL</u> SOPs ≠ -7, -8, AND IF THE TOTAL OF ALL SOPs ≠ -7, -8 OR > THE TOTAL CHARGE, GO TO NS23a. IF TOTAL OF SOPs ≠ -7, -8 AND 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.

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 (NS22a)
                      REFUSED ....   -7 ***BOX NS19***
                      DON'T KNOW ....   -8 ***BOX NS19***

NS23.   TOTAL CHARGE: $ XXXXXXXXX.XX
               SOP 1: $ XXXXXXXXX.XX
               SOP 2: $ XXXXXXXXX.XX
               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 (NS22a)
                      REFUSED ....   -7 ***BOX NS19***
                      DON'T KNOW ....   -8 ***BOX NS19***

NS23a.   TOTAL CHARGE: $ XXXXXXXXX.XX
                SOP 1: $ XXXXXXXXX.XX
                SOP 2: $ XXXXXXXXX.XX

        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 (NS22a)
                                     REFUSED .... -7 *BOX NS19*
                                     DON'T KNOW .... -8 *BOX NS19*

NS22a.   TOTAL CHARGE: $ XXXXXXXXX.XX
[NS22OV]   SOP 1: $ XXXXXXXXX.XX
[NS23OV]   SOP 2: $ XXXXXXXXX.XX
[NS23AOV]   (TOTAL PAYMENTS: $ XXXXXXXXX.XX)
                [AMOUNT (UNPAID/OVERPAID): $ XXXXXXXXX.XX]

        INTERVIEWER: USE CTRL/K TO EXPLAIN WHY THE TOTAL CHARGE SEEMS INCORRECT.

BOX NS18A	GO TO *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   PAYMDMEM
          PAYMTYPE   PAYMPLAN
          PAYMAMT   PAYMOSOP

          TOTAL CHARGE: $ XXXXXXXXX.XX

__	SP/FAMILY	$ XXXXXXXXX.XX
__	PROVIDER DISCOUNT/COURTESY	$_____
__	MEDICARE	$_____
__	[VA (DEPT. OF VETERANS AFFAIRS)]	$_____
__	SOP 1	$ XXXXXXXXX.XX
__	SOP 2	$_____
__	SOP 3	$ XXXXXXXXX.XX
__	(NAME OF DM)	$_____

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 EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX NS22**. IF SP/FAMILY PAYMENT = -7 OR -8, GO TO NSINTRO1/NSEND/**BOX CPS11**/ INTERRUPT MENU.

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*

NS. CHARGE QUESTIONS (NO STATEMENT SERIES)

8/1/06 – last revised
MCBS Comm. (Round 46 Main)

BOX NS20	a. IF COMING FROM INTERRUPT: AND 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 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 OM 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. IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX NS22**. g. OTHERWISE, GO TO NSINTRO1/NSEND/INTERRUPT MENU.

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. IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED
	          (INTERVIEW TYPE = 8), GO TO **BOX NS22**.
	
	d. OTHERWISE, GO TO NSINTRO1/NSEND/INTERRUPT MENU.

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. IF EXIT INTERVIEW AND PREVIOUS INTERVIEW NOT SKIPPED
	          (INTERVIEW TYPE = 8), GO TO **BOX NS22**.
	
	d. OTHERWISE, GO TO NSINTRO1/NSEND/INTERRUPT MENU.

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)
                        REFUSED .... -7 (NSINTRO1/NSEND)
                        DON'T KNOW .... -8 (NSINTRO1/NSEND)

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/SP) 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

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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?   (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]
[PROVIDER A] [XX/%/96]	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] [XX/%/96]	XX	--
[OME]	XXX	
[PM]	XXX	

NUMSAME
VISSAME

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)
                               REFUSED ....   -7 (NSINTRO1/NSEND)
                               DON'T KNOW ....   -8 (NSINTRO1/NSEND)

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/, INSURANCE, OR TRICARE) STATEMENTS THAT YOU HAVE NOT YET
         ENTERED?

         TEMP   YES 1 (ST3)
                                       NO 2 (NS28)
                                       REFUSED .... -7 (NS28)
                                       DON'T KNOW .... -8 (NS28)

NS28.   THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACKUP.
[NOBACKUP]
           IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.

           OTHERWISE, PRESS ENTER TO CONTINUE.

BOX NS22	GO TO **BOX CPS1**.

NS Addendum

Segments: EVNT
            PMED
            PMRO
            XMED
            COND
            XCON
            PROV
            HRND
            COST
            COSA
            CORO
            XCEV
            PAYM
            OSOP
            PLAN
            PLRO
            DMEM
            DMRO
            HRND

BOX NS7:
- "V.A. FLAG" = VAPLACE

BOX NS9:
- "V.A. FLAG" = VAPLACE
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC

NS20:
- "covered by during the survey reference period" includes the following:

  - MHMODFLG ≠ 1 and PLANDFLG ≠ 1 and PLANHIDE ≠ 1 and LOSEPLFG = -1 and
  - PLRO exists where PLRORND = current round, current round minus 1 or current round minus 2.

NS21:
- IF NS21 = 7 OR 10, SET PLRO.COVANYTM = 1 AND PLRO.COVCURNT = 2