| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | | | **STQ SPECIFICATIONS**<br><br>CRITERIA<br>INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010<br>SPAISTATUS=ALL<br>SEASON=ALL<br>SPPROXY=SP or PROXY<br>Other: N/A<br><br>PLACEMENT<br>Administer after PMQ. | | |
| | BOX STBEG | routing | IF ((SP WAS COVERED BY A MEDICARE MANAGED CARE PLAN WITHOUT RX COVERAGE ANYTIME DURING THE CURRENT ROUND) OR (SP WAS COVERED BY A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND)) AND (SP WAS NOT COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME DURING THE CURRENT ROUND), GO TO ST1 - MHMOSTMT.<br>ELSE GO TO ST2 - MCSAVAIL. | | |
| MHMOSTMT | ST1 | code one | Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs. We should start by looking at any paperwork or written explanations of what was paid by Medicare, any insurance company, or TRICARE.<br><br>[Do you/Does (SP)] usually receive any statements or papers from Medicare, insurance, such as (MANAGED CARE PLAN NAME), or TRICARE that show the charges for medical visits or equipment?/Last time, we recorded that [you/(SP)] (always/sometimes/never) received statements or papers from Medicare, insurance, or TRICARE that show the charges for medical visits or equipment.]<br><br>Please tell me if (currently) [you always receive statements, sometimes receive statements, or never receive statements/(SP) always receives statements, sometimes receives statements, or never receives statements]. | (01) ALWAYS<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) ST2 - MCSAVAIL<br>(02) ST2 - MCSAVAIL<br>(03) BOX STEND<br>(-8) ST2 - MCSAVAIL<br>(-9) ST2 - MCSAVAIL |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| MCSAVAIL | ST2 | yes/no | [Now that we have finished talking about medical visits and prescribed medicines, let's talk about [your/(SP's)] medical costs.  We should start by looking at any paperwork or written explanations of what costs were paid by Medicare, any insurance company, or TRICARE.]<br><br>[PROBE IF NECESSARY:  Do you have any statements or paper from Medicare, insurance, or TRICARE [that [you/(SP)] received since the last interview]?  (Please include any statements received about [your/(SP's)] prescription drug benefit.)] | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01)  ST3 - STHIREP<br>(02)  BOX STEND<br>(-8)  BOX STEND<br>(-9)  BOX STEND |
| STHIREP | ST3 | no entry | BASED ON THE INFORMATION RECORDED IN THE HEALTH INSURANCE SECTION FOR RECENT ROUNDS, THE PLAN(S) LISTED BELOW ARE THE SOURCES OF STATEMENTS YOU MIGHT EXPECT TO FIND FOR THIS SP. | | ST4 - MATCHST |
| MATCHST | ST4 | no entry | [MATCH UP MEDICARE, INSURANCE, TRICARE, AND MEDICARE PRESCRIPTION BENEFIT  STATEMENTS BY PROVIDER AND DATE OF SERVICE./PRESS ENTER TO CONTINUE TO THE NEXT (STATEMENT/BUNDLE).] | | ST5 - ST_CHARGEBUNDLE |
| ST_CHARGEBUNDLE | ST5 | roster | ADD THE SOURCE(S) AND TYPE OF STATEMENT(S) FOR THE (FIRST/NEXT)  BUNDLE OF EVENTS.<br>ADD ONE CHARGE BUNDLE AT THIS ROSTER. | | BOX ST5A |
| | BOX ST5A | routing | IF ST5 – STTYPE = 8/MPDPorMAorTricare THEN GO TO ST5A - PDPTYPE.<br>ELSE GO TO BOX ST5B. | | |
| PDPTYPE | ST5A | code one | SELECT THE TYPE OF PRESCRIPTION DRUG STATEMENT FOR THIS BUNDLE. | (01) MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT<br>(02) MEDICARE ADVANTAGE STATEMENT<br>(03) TRICARE STATEMENT | BOX ST5B |
| | BOX ST5B | routing | SET STATEMENT TYPE.<br>GO TO BOX ST5. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | BOX ST5 | routing | IF TYPE OF STATEMENT = 1/Medicare, 3/MedicareAndInsurance, 5/MedicareAndTricare, OR 7/MedicareAndTricareAndInsurance, GO TO ST7 - MSNCLNUM.<br>ELSE IF TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance, GO TO ST10 - INSCLNUM.<br>ELSE IF TYPE OF STATEMENT = 4/Tricare AND ST5 - STTYPE = 4/Tricare, GO TO ST11 - TRICLNUM.<br>ELSE GO TO ST11B - PDPBEGMM. | | |
| MSNCLNUM | ST7 | text | ENTER UP TO FIVE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) ASSOCIATED WITH ONE CLAIM TOTAL.<br><br>IF NO CLAIM CONTROL NUMBER(S) LISTED, ENTER "DON'T KNOW".<br>DO NOT ENTER ANY CLAIM CONTROL NUMBERS IN COMMENTS. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | ST7 - MSNCLNM2 |
| MSNCLNM2 | ST7 | text | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | ST7 - MSNCLNM3 |
| MSNCLNM3 | ST7 | text | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | ST7 - MSNCLNM4 |
| MSNCLNM4 | ST7 | text | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | ST7 - MSNCLNM5 |
| MSNCLNM5 | ST7 | text | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | BOX ST7 |
| | BOX ST7 | routing | IF ST7 - MSNCLNUM = DK, GO TO BOX ST9.<br>ELSE GO TO ST8 - MSCLVER1. | | |
| MSCLVER1 | ST8 | text | PLEASE ENTER THE FIRST CLAIM CONTROL NUMBER FROM THE MEDICARE SUMMARY NOTICE (MSN) AGAIN. | (01) CONTINUOUS ANSWER | BOX ST8 |
| | BOX ST8 | routing | IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9.<br>ELSE GO TO ST9 - WHICHNUM. | IF ST8 - MSCLVER1 MATCHES ST7 - MSNCLNUM, GO TO BOX ST9.<br>ELSE GO TO ST9 - WHICHNUM. | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| WHICHNUM | ST9 | code one | YOU HAVE ENTERED THE CLAIM CONTROL NUMBERS FROM THE MEDICARE SUMMARY NOTICE (MSN) DIFFERENTLY.<br>FIRST TIME: (FIRST MSN CLAIM CONTROL NUMBER)<br><br>SECOND TIME: (SECOND MSN CLAIM CONTROL NUMBER)<br><br>WHICH IS CORRECT? | (01) FIRST<br>(02) SECOND<br>(03) NEITHER | (01) BOX ST9<br>(02) BOX ST9<br>(03) ST9 - NEWCLNUM |
| NEWCLNUM | ST9 | text | ENTER CORRECT MSN CLAIM CONTROL NUMBER: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST9 |
| | BOX ST9 | routing | IF TYPE OF STATEMENT = 3/MedicareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST10 - INSCLNUM.<br>ELSE IF TYPE OF STATEMENT = 5/MedicareAndTricare, GO TO ST11 - TRICLNUM.<br>ELSE GO TO ST12 - INCTYPE. | | |
| INSCLNUM | ST10 | text | ENTER THE CLAIM CONTROL NUMBER FROM THE INSURANCE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | BOX ST10 |
| | BOX ST10 | routing | IF TYPE OF STATEMENT = 6/TricareAndInsurance OR 7/MedicareAndTricareAndInsurance, GO TO ST11 - TRICLNUM.<br>ELSE GO TO ST12 - INCTYPE. | | |
| TRICLNUM | ST11 | text | ENTER THE CLAIM CONTROL NUMBER FROM THE TRICARE STATEMENT. IF NO CLAIM CONTROL NUMBER LISTED, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | ST12 - INCTYPE |
| PDPBEGMM | ST11B | date | ENTER THE BEGINNING AND ENDING DATES OF SERVICE FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT.<br>BEGINNING DATE: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST11B - PDPBEGDD |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| PDPBEGDD | ST11B | date | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST11B - PDPBEGYY |
| PDPBEGYY | ST11B | date | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST11B - PDPENDMM |
| PDPENDMM | ST11B | date | ENDING DATE: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST11B - PDPENDDD |
| PDPENDDD | ST11B | date | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST11B - PDPENDYY |
| PDPENDYY | ST11B | date | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST12 - INCTYPE |
| INCTYPE | ST12 | code all | WHAT TYPE(S) OF EVENT(S) ARE INCLUDED IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT)? CHECK ALL THAT APPLY. | (01) PROVIDER SERVICE DATES<br>(02) HOME HEALTH VISITS<br>(03) OTHER MEDICAL EXPENSES<br>(04) PRESCRIBED MEDICINES | BOX ST12 |
| | BOX ST12 | routing | IF THE RESPONSE TO ST12 - INCTYPE INCLUDES 1/ProvDates, GO TO ST13 - PROVIDER_STDATE.<br>ELSE GO TO BOX ST26. | | |
| PROVIDER_STDATE | ST13 | roster | WHICH MEDICAL PROVIDER IS IN THIS CHARGE BUNDLE?<br>SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | ST14 - STDATEUPD |
| STDATEUPD | ST14 | code one | THE FOLLOWING EVENT DATES HAVE BEEN ENTERED FOR THIS PROVIDER.<br>DO YOU NEED TO ADD OR EDIT AN EVENT DATE FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT EVENT DATES<br>(02) YES, NEED TO ADD EVENT DATE<br>(03) YES, NEED TO EDIT EVENT DATE | (01) ST24 - EVENT_STDATE<br>(02) EVENT DATE ST16 - EVENT_STDATEADD<br>(03) ST15 - EVENT_STDATEEDIT |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| EVENT_STDATEDIT | ST15 | roster | SELECT AND EDIT THE EVENT DATE THAT NEEDS CORRECTION. | (01) CONTINUOUS ANSWER | ST14 - STDATEUPD |
| EVENT_STDATEADD | ST16 | roster | ADD THE MISSING EVENT DATE(S) IN THIS CHARGE BUNDLE.<br>ADD ALL EVENT DATES FOR THIS PROVIDER. | (01) CONTINUOUS ANSWER | BOX ST16A |
| | BOX ST16A | routing | IF AT LEAST ONE EVENT DATE ADDED AT ST16 IS NOT OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO BOX ST16B.<br>ELSE GO TO ST14 - STDATEUPD. | | |
| | BOX ST16B | routing | IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'IP', 'OP', OR 'MP' EVENT TYPE, GO TO ST17 - STDATEINTRO.<br>ELSE GO TO BOX ST17. | | |
| STDATEINTRO | ST17 | no entry | Before we continue with this statement, I would like to ask you a few questions about the visit(s) I just added. | | BOX ST17 |
| | BOX ST17 | routing | IF AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU' OR 'MP' EVENT TYPE AND THE PROVIDER SPECIALTY HAS NOT BEEN COLLECTED, GO TO ST18 - PROVSPEC.<br>ELSE GO TO BOX ST18. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| PROVSPEC | ST18 | code one | What kind of medical person is (PROVIDER NAME)? | (01) DENTIST/DENTAL PROVIDER<br>(02) MEDICAL DOCTOR<br>(03) AUDIOLOGIST<br>(04) CHIROPRACTOR<br>(05) CLINICAL SOCIAL WORKER<br>(06) DIETITIAN-NUTRITIONIST<br>(07) HEARING THERAPIST<br>(08) HOME HEALTH/HEALTH AIDE<br>(09) HOMEMAKER<br>(10) HOSPICE WORKER<br>(11) I.V. THERAPIST<br>(12) NURSE (RN)<br>(13) NURSE PRACTITIONER<br>(14) NURSE'S AIDE<br>(15) OCCUPATIONAL THERAPIST (OT)<br>(16) OPTOMETRIST (OD)<br>(17) OSTEOPATH (DO)<br>(18) PARAMEDIC<br>(19) PHYSICAL THERAPIST (PT)<br>(20) PHYSICIAN'S ASSISTANT<br>(21) PODIATRIST (FOOT DOCTOR)<br>(22) PSYCHOLOGIST<br>(23) RESPIRATORY THERAPIST<br>(24) SOCIAL/CASE WORKER<br>(25) SPEECH THERAPIST<br>(26) THERAPIST (MENTAL HEALTH)<br>(27) X-RAY TECHNICIAN<br>(28) LICENSED PRACTICAL NURSE (LPN)<br>(29) ACUPUNCTURIST<br>(30) HOMEOPATH<br>(31) MASSAGE THERAPIST<br>(32) NATUROPATH<br>(33) LICENSED PROFESSIONAL COUNSELOR [LPC]<br>(34) LAB TECHNICIAN<br>(91) OTHER MEDICAL PROVIDER SPECIALTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01)-(34), (-8), (-9) BOX ST18<br>(91) - ST18 - PROVSPOS |
| PROVSPOS | ST18 | text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX ST18 |
| | BOX ST18 | routing | IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', 'IU', OR 'MP' EVENT TYPE) AND (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO ST19 - VAPLACE.<br><br>ELSE GO TO BOX ST19. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| VAPLACE | ST19 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A. facility? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST19 |
| | BOX ST19 | routing | IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO ST20 - HMOASSOC.<br>ELSE IF (AT LEAST ONE EVENT ADDED AT ST16 IS A 'DU', 'ER', 'IP', 'OP', OR 'MP' EVENT TYPE) AND (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO ST21 - HMOREFER.<br>ELSE GO TO ST22A_IN - NAVIGATOR. | | |
| HMOASSOC | ST20 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) ST22A_IN - NAVIGATOR<br>(02) ST21 - HMOREFER<br>(-8) ST21 - HMOREFER<br>(-9) ST21 - HMOREFER |
| HMOREFER | ST21 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST22A_IN - NAVIGATOR |
| NAVIGATOR | ST22A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR BOX ST22A<br>(02) CONTINUE INTERVIEW SELECTED ST14 - STDATEUPD | (01) BOX ST22A<br>(02) ST14 - STDATEUPD |
| | BOX ST22A | routing | FOR THIS EVENT ADDED AT ST16,<br>IF TYPE OF EVENT = 'IP', GO TO IP7 - ANYOPERS.<br>ELSE IF TYPE OF EVENT = 'OP', GO TO OP5 - ANYOPERS.<br>ELSE IF TYPE OF EVENT = 'MP', GO TO BOX ST22B.<br>ELSE GO TO BOX ST23B. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | BOX ST22B | routing | IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT) GO TO ST23 - MPSDVIS. ELSE GO TO BOX ST23A. | | |
| MPSDVIS | ST23 | yes/no | We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX ST23A |
| | BOX ST23A | routing | IF ST23 ASKED AND ST23 - MPSDVIS = 1/Yes, GO TO BOX ST23B. ELSE GO TO BOX MP2C. | | |
| | BOX ST23B | routing | GO TO ST22A_IN - NAVIGATOR. | | |
| EVENT_STDATE | ST24 | roster | SELECT THE EVENT DATE(S) THAT ARE INCLUDED IN THIS CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | BOX ST24 |
| | BOX ST24 | routing | IF AT LEAST ONE EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH. | | |
| RVLINKS | ST24A | numeric | ENTER THE NUMBER OF (EVENT TYPE) VISITS IN (EVENT MONTH, YEAR) THAT ARE COVERED BY THIS CHARGE. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | BOX ST24A |
| | BOX ST24A | routing | IF ANOTHER EVENT SELECTED AT ST24 IS A REPEAT VISIT, GO TO ST24A - RVLINKS. ELSE GO TO ST25 - STDATEMTCH. | | |
| STDATEMTCH | ST25 | code one | ARE ALL THE PROVIDER EVENTS FROM THE CHARGE BUNDLE ON (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES (02) NO, NEED TO ADD A PROVIDER EVENT (03) NO, NEED TO REMOVE A PROVIDER EVENT | (01) BOX ST26 (02) ST13 - PROVIDER_STDATE (03) ST26 - EVENT_STDATEDEL |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| EVENT_STDATEDEL | ST26 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | ST25 - STDATEMTCH |
| | BOX ST26 | routing | IF ST12 – INCTYPE INCLUDES 2/HHVisits, GO TO ST27 - PROVIDER_STHH.<br>ELSE GO TO BOX ST33. | | |
| PROVIDER_STHH | ST27 | roster | WHICH HOME HEALTH PROVIDER IS IN THIS CHARGE BUNDLE?<br>SELECT OR ADD ONLY ONE PROVIDER. | (01) CONTINUOUS ANSWER | ST28 - COSTBEGM |
| COSTBEGM | ST28 | numeric | ENTER THE START DATE AND STOP DATE COVERED BY THE CHARGE BUNDLE.<br><br>START DATE: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST28 - COSTBEGD |
| COSTBEGD | ST28 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST28 - COSTBEGY |
| COSTBEGY | ST28 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST28 - COSTENDM |
| COSTENDM | ST28 | numeric | STOP DATE: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST28 - COSTENDD |
| COSTENDD | ST28 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST28 - COSTENDY |
| COSTENDY | ST28 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST28A |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | BOX ST28A | routing | IF (HOME HEALTH PROVIDER WAS ADDED AT ST27) OR (AN EXISTING PROVIDER WAS SELECTED AT ST27 THAT WAS NOT ASSOCIATED WITH A HOME HEALTH EVENT), GO TO ST30 - HHEVNTTYPE. ELSE GO TO BOX ST31B. | | |
| HHEVNTTYPE | ST30 | code one | IS THE PROVIDER A HOME HEALTH PROFESSIONAL OR SOME OTHER TYPE OF HOME HEALTH PROVIDER (HOME HEALTH AIDE, HOMEMAKER, ETC.)? | (01) HOME HEALTH PROFESSIONAL (02) OTHER HOME HEALTH PROVIDER | ST31 - STHHINTRO |
| STHHINTRO | ST31 | no entry | Before we continue with this statement, I would like to ask you a few questions about the home health provider I just added. | BOX ST31A | |
| | BOX ST31A | routing | IF ST30 - HHEVNTTYPE = 1/HP, GO TO HH3 - PROVSPEC. ELSE GO TO HH20 - HHFTYPE. | | |
| | BOX ST31B | routing | LINK HOME HEALTH PROVIDER TO CHARGE BUNDLE GO TO ST32 - STHHMTCH. | | |
| STHHMTCH | ST32 | code one | THE FOLLOWING HOME HEALTH PROVIDER EVENT HAS BEEN ADDED TO THIS CHARGE BUNDLE.  PLEASE ENTER A COMMENT IF THIS EVENT WAS ENTERED IN ERROR OR IF ANOTHER HOME HEALTH EVENT SHOULD BE INCLUDED IN THIS CHARGE BUNDLE. | | BOX ST33 |
| | BOX ST33 | routing | IF ST12 –  INCTYPE INCLUDES 3/OMExpenses, GO TO ST34 - STOMUPD. ELSE GO TO BOX ST40. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| STOMUPD | ST34 | code one | THE FOLLOWING OME EVENTS HAVE BEEN ENTERED.<br><br>DO YOU NEED TO ADD OR EDIT AN OME EVENT FOR THIS CHARGE BUNDLE? | (01) NO, DO NOT NEED TO ADD OR EDIT OM EVENT<br>(02) YES, NEED TO ADD AN OME EVENT<br>(03) YES, NEED TO EDIT AN OME EVENT | (01) ST37 - EVENT_STOM<br>(02) ST36 - STOMADD<br>(03) ST35 - EVENT_STOMEDIT |
| EVENT_STOMEDIT | ST35 | roster | SELECT AND EDIT THE OTHER MEDICAL EXPENSE EVENT THAT NEEDS CORRECTION. | | |
| STOMADD | ST36 | code one | WHAT TYPE OF OTHER MEDICAL EXPENSE NEEDS TO BE ADDED? | (01) GLASSES/CONTACTS<br>(02) HEARING/SPEECH DEVICE<br>(03) ORTHOPEDIC ITEM<br>(04) DIABETIC SUPPLIES<br>(05) AMBULANCE/RESCUE<br>(06 PROSTHESIS<br>(07) ALTERATIONS (HOME/CAR)<br>(08) OXYGEN<br>(09) KIDNEY DIALYSIS<br>(10) ALL OTHER MEDICAL SUPPLIES | (01) OM2 - EVENT_OMEYEG<br>(02) OM4 - EVENT_OMHEAR<br>(03) OM6 - ORTHTYPE<br>(04) OM10 - EVENT_OMDIAB<br>(05) OM12 - EVENT_OMAMBL<br>(06) OM14 - EVENT_OMPROS<br>(07) OM29 - ALTRTYPE<br>(08) OM19A - OXGNTYPE<br>(09) OM21A - KDNYTYPE<br>(10) OM24 - OTHRTYPE |
| | BOX ST36 | routing | GO TO ST34 - STOMUPD. | | |
| | ST37 | roster | SELECT OTHER MEDICAL EXPENSES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT). | | BOX ST37 |
| | BOX ST37 | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV.<br>ELSE GO TO BOX ST38B. | | |
| MONTHCOV | ST38 | numeric | HOW MANY MONTHS ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER<br>(-7) EMPTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST38 - MONCOV96 |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| MONCOV96 | ST38 | | | (01) LESS THAN 1 MONTH<br>(-7) EMPTY | BOX ST38A |
| | BOX ST38A | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS RENTED, GO TO ST38 - MONTHCOV.<br>ELSE GO TO BOX ST38B. | | |
| | BOX ST38B | routing | IF AT LEAST ONE OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS.<br>ELSE GO TO ST39 - STOMMTCH. | | |
| NUMLINKS | ST38A | numeric | HOW MANY PURCHASES OF (NAME OF OME ITEM) ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST38AA |
| | BOX ST38AA | routing | IF ANOTHER OTHER MEDICAL EXPENSE SELECTED AT ST37 IS OSTOMY SUPPLIES, INCONTINENCE SUPPLIES OR BANDAGES, GO TO ST38A - NUMLINKS.<br>ELSE GO TO ST39 - STOMMTCH. | | |
| STOMMTCH | ST39 | code one | ARE ALL THE OTHER MEDICAL EXPENSES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES<br>(02) NO, NEED TO ADD AN OME EVENT<br>(03) NO, NEED TO REMOVE AN OME EVENT | (01) BOX ST40<br>(02) ST34 - STOMUPD<br>(03) ST40 - EVENT_STOMDEL |
| EVENT_STOMDEL | ST40 | roster | SELECT THE EVENT(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | |
| | BOX ST40 | routing | IF ST12 – INCTYPE INCLUDES 4/PMS, GO TO ST41 - EVENT_STPM.<br>ELSE GO TO BOX ST45. | | |
| EVENT_STPM | ST41 | roster | SELECT OR ADD ALL PRESCRIPTION MEDICINES THAT ARE IN THIS CHARGE BUNDLE ON THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER | ST42 - NUMLINKS |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| NUMLINKS | ST42 | grid | HOW MANY PURCHASES OF EACH MEDICINE SHOWN BELOW ARE COVERED BY THIS CHARGE BUNDLE? | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST42 |
| | BOX ST42 | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE WAS ADDED AT ST41, GO TO ST43 - STPMINTRO.<br>ELSE GO TO ST44 - STPMMTCH. | | |
| STPMINTRO | ST43 | no entry | Before we continue with this statement, 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).] | | PM6A_IN - NAVIGATOR |
| | BOX ST43 | routing | GO TO ST44 - STPMMTCH. | | |
| STPMMTCH | ST44 | code one | ARE ALL THE PRESCRIBED MEDICINES FROM THE CHARGE BUNDLE ON THE (TYPE OF STATEMENT) SHOWN BELOW? | (01) YES<br>(02) NO, NEED TO ADD A MEDICINE NAME<br>(03) NO, NEED TO REMOVE A MEDICINE NAME | (01) BOX ST45<br>(02) ST41 - EVENT_STPM<br>(03) ST45 - EVENT_STPMDEL |
| EVENT_STPMDEL | ST45 | roster | SELECT THE PRESCRIBED MEDICINE(S) THAT YOU WOULD LIKE TO REMOVE FROM THE CHARGE BUNDLE. | (01) CONTINUOUS ANSWER | ST44 - STPMMTCH |
| | BOX ST45 | routing | IF ALL EVENT DATES SELECTED FOR THIS CHARGE BUNDLE  ARE OUTSIDE THE SURVEY REFERENCE PERIOD, GO TO ST46 - ORPMESSAGE.<br>ELSE GO TO BOX ST46. | | |
| ORPMESSAGE | ST46 | no entry | SINCE ALL EVENTS IN THIS BUNDLE ARE OUTSIDE THE SURVEY REFERENCE PERIOD, WE DO NOT NEED ANY CHARGE INFORMATION ABOUT THE BUNDLE. | | BOX ST80 |
| | BOX ST46 | routing | IF (TYPE OF STATEMENT = 2/Insurance OR 6/TricareAndInsurance) OR (TYPE OF STATEMENT = 4/Tricare AND ST5 – STTTYPE = 4/Tricare) OR (ST5 - MCARTYPE = 4/MSNPartB), GO TO ST47 - ASGNTAKE.<br>ELSE GO TO BOX ST47. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| ASGNTAKE | ST47 | code one | WAS ASSIGNMENT TAKEN FOR THIS CHARGE BUNDLE? | (01) YES<br>(02) NO<br>(03) CAN'T TELL | BOX ST47 |
| | BOX ST47 | routing | IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST47A - TOTALCHG.<br>ELSE IF (TYPE OF STATEMENT = 2/Insurance) OR (TYPE OF STATEMENT = 4/Tricare  AND ST5 - STTYPE = 4/Tricare) OR (TYPE OF STATEMENT = 6/TricareAndInsurance), GO TO ST48 - TOTALCHG.<br>ELSE IF ST5 - MCARTYPE = 4/MSNPartB, GO TO ST52 - TOTALCHG.<br>ELSE IF ST5 - MCARTYPE = 6/MSNPartAInpatient, GO TO ST56 - DAYSUSED.<br>ELSE GO TO ST60 - TOTALCHG. | | |
| TOTALCHG | ST47A | dollar | ENTER THE TOTAL COST OF PRESCRIPTION(S) FROM THE PRESCRIPTION DRUG BENEFIT STATEMENT.  IF A TOTAL COST IS NOT LISTED, IT MAY BE NECESSARY TO CALCULATE A TOTAL BY ADDING THE COSTS OF INDIVIDUAL ITEMS LISTED ON THE STATEMENT. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST64 - STTCHGPAID2 |
| TOTALCHG | ST48 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE (TYPE OF STATEMENT).  IF AMOUNT NOT AVAILABLE, ENTER "DON'T KNOW". | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST48 - MCAPPAMT |
| MCAPPAMT | ST48 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST48 - MCPAYAMT |
| MCPAYAMT | ST48 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST48 |
| | BOX ST48 | routing | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST51.<br>ELSE IF (AMOUNT REMAINING < $1.00) OR ((ST48 - MCAPPAMT ^= DK OR RF) AND (AMOUNT REMAINING < .02 * ST48 - MCAPPAMT)), GO TO BOX ST80.<br>ELSE GO TO ST49 - STTCHGPAID1. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| STTCHGPAID1 | ST49 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO.  POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.  THEN ASK:<br>So, I have an amount remaining of $(AMOUNT REMAINING) that Medicare didn't pay.  [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (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 ST64A<br>(02) BOX ST64A<br>(03) ST50 - CHANGAMT<br>(-8) BOX ST64A<br>(-9) BOX ST64A |
| CHANGAMT | ST50 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) STATEMENT:<br>TOTAL CHARGE/BILLED AMOUNT:   (TOTAL CHARGE AMOUNT)<br><br>TOTAL MEDICARE APPROVED AMOUNT:  (MEDICARE APPROVED AMOUNT)<br><br>TOTAL MEDICARE PAYMENT:  (MEDICARE PAYMENT)<br><br>AMOUNT REMAINING AFTER MEDICARE PAYMENT:  (AMOUNT REMAINING)<br>DO YOU WANT TO MAKE ANY CHANGES? | (01) YES<br>(02) NO | (01) ST51 - TOTALCHG<br>(02) BOX ST51 |
| TOTALCHG | ST51 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST51 - MCAPPAMT |
| MCAPPAMT | ST51 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST51 - MCPAYAMT |
| MCPAYAMT | ST51 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST51 |
| | BOX ST51 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND ((AMOUNT REMAINING < $1.00) OR ((ST51 - MCAPPAMT ^= DK AND ST51 - MCAPPAMT ^= RF) AND (AMOUNT REMAINING < .02 * ST51 - MCAPPAMT))), GO TO BOX ST80.<br>ELSE GO TO ST64 - STTCHGPAID2. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| TOTALCHG | ST52 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN: | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST52 - MCAPPAMT |
| MCAPPAMT | ST52 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST52 - MCPAYAMT |
| MCPAYAMT | ST52 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST52 - MAYBBILL |
| MAYBBILL | ST52 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | BOX ST52 |
| STTCHGPAID1 | ST53 | code one | REVIEW CHARGE BUNDLE ON THE (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO.  POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.  THEN ASK:<br>So, I have an amount remaining of $(AMOUNT REMAINING) that Medicare didn't pay.  [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (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 ST64A<br>(02) BOX ST64A<br>(03) ST54 - CHANGAMT<br>(-8) BOX ST64A<br>(-9) BOX ST64A |
| CHANGAMT | ST54 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE (TYPE OF STATEMENT) :<br>AMOUNT CHARGED:  (TOTAL CHARGE AMOUNT)<br><br>MEDICARE APPROVED:  (MEDICARE APPROVED AMOUNT)<br><br>MEDICARE PAID:  (MEDICARE PAYMENT)<br><br>YOU MAY BE BILLED:  (MAY BE BILLED)<br>DO YOU WANT TO MAKE ANY CHANGES? | (01) YES<br>(02) NO | (01) ST55 - TOTALCHG<br>(02) BOX ST55 |
| TOTALCHG | ST55 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST55 - MCAPPAMT |
| MCAPPAMT | ST55 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST55 - MCPAYAMT |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| MCPAYAMT | ST55 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST55 - MAYBBILL |
| MAYBBILL | ST55 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | BOX ST55 |
| | BOX ST55 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80.<br>ELSE GO TO ST64 - STTCHGPAID2. | | |
| DAYSUSED | ST56 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. DISREGARD  "AMOUNT CHARGED" IF IT APPEARS ON THE STATEMENT. | (01) CONTINUOUS ANSWER | ST56 - NONCOVRD |
| NONCOVRD | ST56 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST56 - MCPAYAMT |
| MCPAYAMT | ST56 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST56 - MAYBBILL |
| MAYBBILL | ST56 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW | BOX ST56 |
| | BOX ST56 | routing | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST59.<br>ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80.<br>ELSE GO TO ST57 - STTCHGPAID1. | | |
| STTCHGPAID1 | ST57 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO.  POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.  THEN ASK:<br>So, I have an amount remaining $(AMOUNT REMAINING) that Medicare didn't pay.  [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (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 ST64A<br>(02) BOX ST64A<br>(03) ST58 - CHANGAMT<br>(-8) BOX ST64A<br>(-9) BOX ST64A |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| CHANGAMT | ST58 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE MSN: BENEFITS DAYS USED: (DAYS USED)<br><br>NON-COVERED CHARGES: (NON COVERED CHARGES)<br><br>AMOUNT MEDICARE PAID: (MEDICARE PAYMENT)<br><br>MAXIMUM YOU MAY BE BILLED: (MAY BE BILLED) DO YOU WANT TO MAKE ANY CHANGES? | (01) YES<br>(02) NO | (01) ST59 - DAYSUSED<br>(02) BOX ST59 |
| DAYSUSED | ST59 | numeric | MAKE ALL THE NECESSARY CORRECTIONS TO THE AMOUNTS THAT WERE ENTERED FROM THE (TYPE OF STATEMENT). | (01) CONTINUOUS ANSWER | |
| NONCOVRD | ST59 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST59 - MCPAYAMT |
| MCPAYAMT | ST59 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST59 - MAYBBILL |
| MAYBBILL | ST59 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST59 |
| | BOX ST59 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80.<br>ELSE GO TO ST64 - STTCHGPAID2. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST60 - NONCOVRD |
| TOTALCHG | ST60 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST60 - MCAPPAMT |
| MCAPPAMT | ST60 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST60 - MCPAYAMT |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| MCPAYAMT | ST60 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST60 - MAYBBILL |
| MAYBBILL | ST60 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST60 |
| | BOX ST60 | | IF AMOUNT REMAINING = DK OR EMPTY, GO TO BOX ST63.<br>ELSE IF AMOUNT REMAINING < $1.00, GO TO BOX ST80.<br>ELSE GO TO ST61 - STTCHGPAID1. | | |
| STTCHGPAID1 | ST61 | code one | REVIEW CHARGE BUNDLE ON (TYPE OF STATEMENT) WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO.  POINT OUT PROVIDER NAME, DATE(S), AND TYPE OF SERVICE.  THEN ASK:<br>So, I have an amount remaining (AMOUNT REMAINING) that Medicare didn't pay.  [Have you/Has (SP)] or any other source, [such as (TRICARE/an insurance plan/TRICARE or an insurance plan)], paid any of this amount? | (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 ST64A<br>(02) BOX ST64A<br>(03) ST62 - CHANGAMT<br>(-8) BOX ST64A<br>(-9) BOX ST64A |
| CHANGAMT | ST62 | yes/no | THESE AMOUNTS WERE ENTERED FROM THE MSN:<br>AMOUNT CHARGED:  (TOTAL CHARGE AMOUNT)<br><br>MEDICARE APPROVED AMOUNT: (MEDICARE APPROVED AMOUNT)<br><br>AMOUNT MEDICARE PAID: (MEDICARE PAYMENT)<br><br>MAXIMUM YOU MAY BE BILLED:  (MAY BE BILLED)<br>DO YOU WANT TO MAKE ANY CHANGES? | (01) YES<br>(02) NO | (01) ST63 - TOTALCHG<br>(02) BOX ST63 |
| TOTALCHG | ST63 | numeric | ENTER THE FOLLOWING AMOUNTS FROM THE MSN. | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST63 - MCAPPAMT |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| MCAPPAMT | ST63 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST63 - MCPAYAMT |
| MCPAYAMT | ST63 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | ST63 - MAYBBILL |
| MAYBBILL | ST63 | numeric | | (01) CONTINUOUS ANSWER<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST63 |
| | BOX ST63 | routing | IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AMOUNT REMAINING < $1.00), GO TO BOX ST80.<br>ELSE GO TO ST64 - STTCHGPAID2. | | |
| STTCHGPAID2 | ST64 | code one | REVIEW CHARGE BUNDLE ON [TYPE OF STATEMENT] WITH RESPONDENT IF YOU HAVEN'T ALREADY DONE SO.  POINT OUT (PROVIDER NAME), DATE(S), AND TYPE OF SERVICE(S).  (THEN ASK:/SELECT "SP OR ANY SOURCE PAID" IF ALREADY KNOWN.  OTHERWISE ASK:) [The total cost of prescriptions reported on this statement is (TOTAL CHARGE TEXT).]  [[Have you/Has (SP)]/Besides Medicare, [have you/has (SP)]] or any other source [, such as (an insurance plan/TRICARE/TRICARE or an insurance plan),] paid anything for this? | (01) SP OR ANY SOURCE PAID<br>(02) NOTHING HAS BEEN PAID<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST64A |
| | BOX ST64A | routing | IF SP OR ANY SOURCE HAS PAID, GO TO BOX ST64B.<br>ELSE IF (NOTHING HAS BEEN PAID) OR (RESPONDENT DOES NOT KNOW IF ANYTHING HAS BEEN PAID), GO TO BOX ST78B.<br>ELSE GO TO BOX ST80. | | |
| | BOX ST64B | routing | CREATE SOURCE OF PAYMENT ROSTER<br>IF ADMINISTERING ST AND (ONE OR MORE CHARGE BUNDLES ENTERED IN ST SECTION) AND (ST65 – STADDSOP1 HAS BEEN ASKED IN THE CURRENT ROUND) AND (PAYMENTS HAVE BEEN COLLECTED AT ST67), GO TO ST67 - TSOPAMT. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| STADDSOP1 | ST65 | yes/no | ARE ALL OF THE SOURCES OF PAYMENT NECESSARY FOR COMPLETING THE STATEMENT SECTION LISTED BELOW?<br>SELECT "NO" TO ADD A SOURCE OF PAYMENT. | (01) YES<br>(02) NO | (01) ST67 - TSOPAMT<br>(02) ST66 - SOP_ST1 |
| SOP_ST1 | ST66 | roster | ADD ALL ADDITIONAL SOURCES OF PAYMENT. | (01) CONTINUOUS ANSWER | |
| TSOPAMT | ST67 | grid | (REFER TO INSURANCE STATEMENT/REFER TO TRICARE STATEMENT/REFER TO INSURANCE AND TRICARE STATEMENTS/REFER TO MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT).<br>Who (else) paid besides Medicare?  How much did (SOURCE) pay?<br>ENTER ALL PAYMENT AMOUNTS.  CORRECT PAYMENT AMOUNTS AS NECESSARY. | (01) CONTINUOUS ANSWER<br>(-7) EMPTY<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST67HE |
| | BOX ST67HE | routing | IF AT LEAST ONE TSOPAMT = DK OR RF OR THE SUM OF ALL TSOPAMT<br>VALUES FOR THIS COST > 0.00, GO TO BOX ST67A.<br>ELSE GO TO ST67HE - PAYMHE. | | |
| PAYMHE | ST67HE | no entry | THE SUM OF ALL PAYMENT AMOUNTS MUST BE GREATER THAN $0.00 OR AT LEAST ONE PAYMENT AMOUNT MUST BE 'DON'T KNOW' OR 'REFUSED'.<br><br>USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID AND MAKE CORRECTIONS. | (01) CONTINUOUS ANSWER | ST67HE-PAYMHE |
| | BOXST67A | routing | IF AT LEAST ONE SOURCE OF PAYMENT WAS ADDED AT ST66, GO TO BOX ST67B.<br>ELSE GO TO BOX ST69F. | | |
| | BOX ST67B | routing | IF AT LEAST ONE SOURCE OF PAYMENT ADDED AT ST66 IS A HEALTH INSURANCE PLAN, GO TO ST67BINT - PLANINTRO.<br>ELSE GO TO BOX ST69E. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| PLANINTRO | ST67BINT | no entry | Before we continue, I would like to ask you a few questions about the health insurance plan(s) you just added. | (01) CONTINUOUS ANSWER | ST67B_IN - NAVIGATOR |
| NAVIGATOR | ST67B_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR<br>(02) CONTINUE INTERVIEW SELECTED | (01) BOX ST67C<br>(02)BOX ST69E |
| | BOX ST67C | routing | CREATE A NEW HEALTH INSURANCE PLAN FOR FIRST/NEXT SOURCE OF PAYMENT ADDED AT ST66<br>IF SOURCE OF PAYMENT IS A MEDICARE MANAGED CARE PLAN AND SP HAS A MEDICARE MANAGED CARE PLAN THAT IS CURRENT, GO TO ST68 - STMHMOCHNG1.<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 ST69 - STSOPCURR1.<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 ST69A - STMPDPCHNG.<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 ST69B - STSOPCURR2.<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. | | |
| STMHMOCHNG1 | ST68 | 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) ST69 - STSOPCURR1<br>(02) BOX ST69A<br>(-8) BOX ST69A<br>(-9) BOX ST69A |
| STSOPCURR1 | ST69 | yes/no | [Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE MANAGED CARE PLAN NAME) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) HIMC6A - MHMORXTM<br>(02) BOX ST69A<br>(-8) BOX ST69A<br>(-9) BOX ST69A |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| STMPDPCHNG | ST69A | 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) ST69B - STSOPCURR2<br>(02) BOX ST69A<br>(-8) BOX ST69A<br>(-9) BOX ST69A |
| STSOPCURR2 | ST69B | yes/no | [Are you/Is (SP)/Was (SP)] [currently] covered or enrolled in (ST66 SOP MEDICARE PRESCRIPTION DRUG PLAN) [on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST69A |
| | BOX ST69A | routing | GO TO ST67B_IN - NAVIGATOR. | | |
| | BOX ST69E | routing | IF AN "OTHER SOURCE OF PAYMENT" ADDED AT ST66, CREATE AN OSOP FOR EACH SOURCE OF PAYMENT ADDED AT ST66 THAT IS AN "OTHER SOURCE OF PAYMENT"<br>GO TO BOX ST69F. | | |
| | BOX ST69F | routing | IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)) and ((TOTAL CHARGE ^= DK and TOTAL CHARGE ^= RF) and (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF)) AND ((TOTAL CHARGE IS > TOTAL PAYMENTS ENTERED AT ST67) AND (THE DIFFERENCE BETWEEN TOTAL CHARGE AND TOTAL PAYMENTS ENTERED AT ST67 IS > $1.00)), GO TO ST73 - AMTSCORR.<br>IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 = DK OR RF) AND (AT LEAST ONE PAYMENT ENTERED AT ST67 ^= DK AND ^= RF) AND (TOTAL OF ALL NON-MISSING PAYMENTS ENTERED AT ST67 IS >= AMOUNT REMAINING), GO TO ST71 - AMTSCORR.<br>ELSE IF (AMOUNT REMAINING ^= DK AND AMOUNT REMAINING ^= EMPTY) AND (ALL PAYMENTS ENTERED AT ST67 ^= DK AND ^= RF) AND (THE ABSOLUTE VALUE OF THE DIFFERENCE BETWEEN THE TOTAL PAYMENTS ENTERED AT ST67 AND AMOUNT REMAINING IS > $1.00), GO TO ST70 - AMTSCORR.<br>ELSE GO TO BOX ST77C. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| AMTSCORR | ST70 | code one | There seems to be (some amount still unpaid/more payments than the amount left after Medicare paid). The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount (unpaid/overpaid) is $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT<br>(02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY.<br>(03) AMOUNT REMAINING SEEMS INCORRECT<br>(-8)<br>(-9) REFUSED | (01) BOX ST77C<br>(02) DO NOT DISPLAY.<br>(03) ST72 - ENTERCOM<br>(-8) BOX ST77C<br>(-9) BOX ST77C |
| AMTSCORR | ST71 | code one | THE AMOUNTS ENTERED FOR THE SOURCES OF PAYMENT EQUAL OR EXCEED THE (TOTAL CHARGE/AMOUNT REMAINING), WITH AT LEAST ONE SOP BEING A MISSING AMOUNT. VERIFY ALL AMOUNTS AS ENTERED.<br><br>IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT<br>(02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY.<br>(03) AMOUNT REMAINING SEEMS INCORRECT<br>(-8)<br>(-9) REFUSED | (01) BOX ST77C<br>(02) DO NOT DISPLAY.<br>(03) ST72 - ENTERCOM<br>(-8) BOX ST77C<br>(-9) BOX ST77C |
| ENTERCOM | ST72 | no entry | [THE TOTAL OF NON-MEDICARE PAYMENTS IS $(TOTAL PAYMENTS). THE AMOUNT (UNPAID/OVERPAID) IS $(DIFFERENCE BETWEEN PAYMENTS AND AMOUNT REMAINING).]<br><br>USE COMMENTS TO EXPLAIN WHY THE AMOUNT REMAINING SEEMS INCORRECT. | (01) CONTINUOUS ANSWER | BOX ST77C |
| AMTSCORR | ST73 | yes/no | There seems to be some amount still unpaid. The total of non-Medicare payments is $(TOTAL PAYMENTS). The amount unpaid is $(DIFFERENCE BETWEEN TOTAL CHARGE AND PAYMENTS). Is that correct? IF SOURCE OF PAYMENT NEEDS ADDITION OR CORRECTION, USE "PREVIOUS PAGE" TO RETURN TO THE SOP GRID. | (01) ENTRIES ABOVE ARE CORRECT<br>(02) NO, SOP NEEDS ADDITION OR CORRECTION DO NOT DISPLAY.<br>(03) AMOUNT REMAINING SEEMS INCORRECT DO NOT DISPLAY.<br>(-8)<br>(-9) REFUSED | (01) ST74 - INFOEXPLAIN<br>(02) DO NOT DISPLAY.<br>(03) DO NOT DISPLAY.<br>(-8) BOX ST77C<br>(-9) BOX ST77C |
| INFOEXPLAIN | ST74 | yes/no | IS THERE ADDITIONAL INFORMATION ON THE DRUG BENEFIT STATEMENT THAT EXPLAINS THE AMOUNT STILL UNPAID? | (01) YES<br>(02) NO | (01) ST75 - ENTERCOM2<br>(02) BOX ST77C |
| ENTERCOM2 | ST75 | no entry | USE COMMENTS TO ENTER ANY INFORMATION THAT EXPLAINS THE AMOUNT STILL UNPAID. | | |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | BOX ST77C | routing | CREATE PAYMENTS FOR AMOUNTS ENTERED AT ST67 GO TO BOX ST77D. | | |
| | BOX ST77D | routing | IF THE SP OR FAMILY MADE A PAYMENT AND PAYMENT IS GREATER THAN $5.00, GO TO ST78 - EXPPAYBK. ELSE GO TO BOX ST80. | | |
| EXPPAYBK | ST78 | yes/no | I have recorded that [you have/(SP) has] paid $(SP/FAMILY PAYMENT). Do you expect any source to pay [you/(SP)] back any or all of that amount? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | BOX ST78A |
| | BOX ST78A | routing | IF ST78 - EXPPAYBK = 1/Yes AND ((CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE)), GO TO ST80 - EXPAYUNT. ELSE GO TO BOX ST80. | | |
| | BOX ST78B | routing | IF (CURRENTLY ADMINISTERING CPS AND CHARGES WERE FIRST COLLECTED 2 ROUNDS PREVIOUS TO CURRENT ROUND) OR (SP IS IN THE EXIT SAMPLE), GO TO ST79 - EXPAYOUT. ELSE GO TO BOX ST80. | | |
| EXPAYOUT | ST79 | yes/no | Do you expect anyone to pay any of this amount? | (01) YES<br>(02) NO<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) ST80 - EXPAYUNT<br>(02) BOX ST80<br>(-8) BOX ST80<br>(-9) BOX ST80 |
| EXPAYUNT | ST80 | quantity unit | How much do you expect will be paid? | (01) PERCENTAGE<br>(02) DOLLARS<br>(-8) DON'T KNOW<br>(-9) REFUSED | (01) ST80 - EXPAYPCT<br>(02) ST80 - EXPAYAMT<br>(-8) BOX ST80<br>(-9) BOX ST80 |
| EXPAYPCT | ST80 | numeric | | (01) CONTINUOUS ANSWER | BOX ST80 |
| EXPAYAMT | ST80 | numeric | | (01) CONTINUOUS ANSWER | BOX ST80 |

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---|---|---|---|---|---|
| | BOX ST80 | routing | IF CURRENTLY ADMINISTERING NS, GO TO BOX NSBEG. ELSE IF CURRENTLY ADMINISTERING CPS, GO TO BOX CPSBEG. ELSE IF ((TYPE OF STATEMENT = 8/MPDPBenefit) or (TYPE OF STATEMENT = 4/Tricare and ST5 - STTYPE = 8/MPDPorMAorTricare)), GO TO ST82 - ASTATEMENT. ELSE GO TO ST81 - ABUNDLE. | | |
| ABUNDLE | ST81 | yes/no | IS THERE ANOTHER CHARGE BUNDLE TO ENTER FROM THIS (TYPE OF STATEMENT)? | (01) YES (02) NO | (01) ST4 - MATCHST (02) ST82 - ASTATEMENT |
| ASTATEMENT | ST82 | yes/no | IS THERE ANOTHER MSN, INSURANCE, TRICARE, OR MEDICARE PRESCRIPTION DRUG BENEFIT STATEMENT TO ENTER? | (01) YES (02) NO | (01) ST4 - MATCHST (02) BOX STEND |
| | BOX STEND | routing | Go to PSQ. | | |