

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing   |
|---------------|----------------|---------------|---|--|---|
|               |                |               | <b>EXPENDITURES SECTION SPECIFICATIONS</b><br><br>CRITERIA<br>SAMPLE TYPE= CFR, CFC, FFC, FCF<br>SEASON= ALL<br><br>PLACEMENT<br>Administered in flexible order after FQ and RH sections are completed.   |  |   |
|               | BOX EXS1       | routing       | IF COST DATA FROM THE PREVIOUS ROUND REMAINS TO BE COLLECTED, GO TO BOX EXS1A.<br>ELSE GO TO BOX EXBEG.   |  |   |
|               | BOX EXS1A      | routing       | IF FIRST/NEXT PRELOAD BPER HAS PreloadBPRO.ANCLPOST = 0/No, DK or PreloadBPRO.ANYANCIL = DK, GO TO EX15PRES1 - EX15PRCT.<br>ELSE GO TO EX20S1PRE - BASSMINT.  |  |   |
| EX15PRCT      | EX15PRES1      | code one      | The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.<br><br>(Please do not include non-health-related services such as hairdressing, television, or telephone).<br><br>PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.<br><br>PRESS "1" TO CONTINUE. | (01) Continue  | (01) BOX EXS2   |
|               | BOX EXS2       | routing       | If PreloadBPRO.ANCLPOST = 0/No, DK, GO TO EX16S1 - ANCLPOST.<br>ELSE GO TO EX17S1 - ANYANCIL.   |  |   |
| ANCLPOST      | EX16S1         | yes/no        | Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?  | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) BOX EX7BS1<br>(01) EX17S1 - ANYANCIL<br>(-8) BOX EX7BS1<br>(-9) BOX EX7BS1   |
| ANYANCIL      | EX17S1         | yes/no        | Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) BOX EX7BS1<br>(01) EX18S1 - ANCILAMT<br>(-8) BOX EX7BS1<br>(-9) BOX EX7BS1   |
| ANCILAMT      | EX18S1         | dollar        | Altogether, what was the total charge for those health-related ancillary services?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX7BS1<br>(-8) BOX EX7BS1<br>(-9) BOX EX7BS1   |
| BASSMINT      | EX20S1PRE      | code one      | The next questions are about (SP)'s expenditures for room and board while a resident of (FACILITY).   | (01) Continue  | (01) BOX EX7BS1   |
|               | BOX EX7BS1     | routing       | IF PreloadBPRO.RECDBASP = 0/No, GO TO EX20S1 - RECDBASP.<br>ELSE IF PreloadBPRO.RECDANCP = 0/No or EX17S1 - ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP.<br>ELSE GO TO EX33BS1 - EXSBKCT.   |  |   |
| RECDBASP      | EX20S1         | yes/no        | Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?  | (00) NO<br>(01) YES  | (00) BOX EX14S1<br>(01) EX21AAS1 - ADDSOP1  |
| ADDSOP1       | EX21AAS1       | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?  | (00) NO<br>(01) YES  | (00) EX21ACS1 - BASRATE<br>(01) EX21ABS1 - PAYMPLN1   |
| PAYMPLN1      | EX21ABS1       | code one      | What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br><br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.   | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX21ACS1 - BASRATE<br>(02) EX21ACS1 - BASRATE<br>(03) EX21ACS1 - BASRATE<br>(04) EX21ACS1 - BASRATE<br>(05) EX21ACS1 - BASRATE<br>(06) EX21ACS1 - BASRATE<br>(07) EX21ACS1 - BASRATE<br>(08) EX21ACS1 - BASRATE<br>(09) EX21ABS1 - HMOOS1<br>(10) EX21ACS1 - BASRATE<br>(91) EX21ABS1 - SOPOS1<br>(-8) EX21ACS1 - BASRATE<br>(-9) EX21ACS1 - BASRATE |
| HMOOS1        | EX21ABS1       | verbatim      | HMO CONTRACT (SPECIFY)  | (01) [Continuous answer.]  | (01) EX21ACS1 - BASRATE   |
| SOPOS1        | EX21ABS1       | verbatim      | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) EX21ACS1 - BASRATE   |
| BASRATE       | EX21ACS1       | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX7CS1<br>(-8) BOX EX7CS1<br>(-9) BOX EX7CS1   |

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|               | BOX EX7CS1     | routing       | IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BS1 - VEXPTXTB. ELSE GO TO BOX EX8S1.  |  |  |
| VEXPTXTB      | EX21BS1        | verbatim      | Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).<br><br>Please tell me why Medicare paid for (SP) during this billing period.<br><br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.<br><br>IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.                              | (01) [Continuous answer.]  | (01) BOX EX8S1   |
|               | BOX EX8S1      | routing       | IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22S1 - BAS10PCT WAS ASKED THIS BP ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9S1. ELSE GO TO EX22S1 - BAS10PCT. |  |  |
| BAS10PCT      | EX22S1         | code one      | There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?<br><br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".                              | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX EX9S1<br>(02) BOX EX9S1<br>(91) EX22S1 - BAS10POS<br>(-8) BOX EX9S1<br>(-9) BOX EX9S1 |
| BAS10POS      | EX22S1         | verbatim      | OTHER (SPECIFY)  | (01) [Continuous answer.]  | (01) BOX EX9S1   |
|               | BOX EX9S1      | routing       | IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1S1 - EX23A1S1C. ELSE GO TO BOX EX9AAS1.   |  |  |
| EX23A1S1C     | EX23A1S1       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX9AAS1   |
|               | BOX EX9AAS1    | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2S1 - EX23A2S1C. ELSE GO TO BOX EX10S1.  |  |  |
| EX23A2S1C     | EX23A2S1       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX10S1  |
|               | BOX EX10S1     | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX24AS1 - EX24AS1C. ELSE GO TO BOX EX11S1.  |  |  |
| EX24AS1C      | EX24AS1        | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.<br><br>Is Medicaid indeed paying for (SP)'s care?<br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX11S1  |
|               | BOX EX11S1     | routing       | IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25S1 - EX25S1C. ELSE GO TO BOX EX12S1.   |  |  |

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| EX25S1C       | EX25S1         | code one      | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br>Is Medicaid indeed no longer paying for (her/his) care?<br>IF YES, PRESS '1' TO CONTINUE.<br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX12S1   |
|               | BOX EX12S1     | routing       | IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26S1 - CAREPRTB. ELSE GO TO BOX EX14S1.  |  |   |
| CAREPRTB      | EX26S1         | yes/no        | Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?<br>IF NECESSARY, BACK UP TO CORRECT PAYMENTS.   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) EX27S1 - VBPETXTE<br>(01) BOX EX14S1<br>(-8) EX27S1 - VBPETXTE<br>(-9) BOX EX14S1  |
| VBPETXTE      | EX27S1         | verbatim      | Can you tell me why the Medicare payment is so small?<br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.  | (01) [Continuous answer.]  | (01) BOX EX14S1   |
|               | BOX EX14S1     | routing       | IF PreloadBPRO.RECDANCP = 0/No or EX17S1 - ANYANCIL = 1/Yes, GO TO EX28S1 - RECDANCP. ELSE GO TO EX33BS1 - EXSBKCT.   |  |   |
| RECDANCP      | EX28S1         | yes/no        | Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?   | (00) NO<br>(01) YES  | (00) EX33BS1 - EXSBKCT<br>(01) EX29AAS1 - ADDSOP2   |
| ADDSOP2       | EX29AAS1       | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?  | (00) NO<br>(01) YES  | (00) EX29ACS1 - ANCRATE<br>(01) EX29ABS1 - PAYMPLN2   |
| PAYMPLN2      | EX29ABS1       | code all      | What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?<br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.   | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX29ACS1 - ANCRATE<br>(02) EX29ACS1 - ANCRATE<br>(03) EX29ACS1 - ANCRATE<br>(04) EX29ACS1 - ANCRATE<br>(05) EX29ACS1 - ANCRATE<br>(06) EX29ACS1 - ANCRATE<br>(07) EX29ACS1 - ANCRATE<br>(08) EX29ACS1 - ANCRATE<br>(09) EX29ABS1 - HMOOS2<br>(10) EX29ACS1 - ANCRATE<br>(91) EX29ABS1 - SOPOS2<br>(-8) EX29ACS1 - ANCRATE<br>(-9) EX29ACS1 - ANCRATE |
| HMOOS2        | EX29ABS1       | verbatim      | HMO CONTRACT (SPECIFY)  | (01) [Continuous answer.]  | (01) EX29ACS1 - ANCRATE   |
| SOPOS2        | EX29ABS1       | verbatim      | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) EX29ACS1 - ANCRATE   |
| ANCRATE       | EX29ACS1       | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX15S1<br>(-8) BOX EX15S1<br>(-9) BOX EX15S1   |
|               | BOX EX15S1     | routing       | IF BPER.ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= BPER.ANCILAMT*0.9) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30S1 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= BPER.ANCILAMT*0.7) AND (BPER.ANCILPAY <= BPER.ANCILAMT*1.1)), GO TO BOX EX16S1. ELSE GO TO EX30S1 - ANC10PCT. |  |   |
| ANC10PCT      | EX30S1         | code one      | There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?<br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".  | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX16S1<br>(02) BOX EX16S1<br>(91) EX30S1 - ANC10POS<br>(-8) BOX EX16S1<br>(-9) BOX EX16S1  |
| ANC10POS      | EX30S1         | verbatim      | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) BOX EX16S1   |
|               | BOX EX16S1     | routing       | (IF MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1S1 - EX31A1S1C. ELSE GO TO BOX EX16AAS1.   |  |   |

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| EX31A1S1C     | EX31A1S1       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX16AAS1  |
| EX31A2S1C     | BOX EX16AAS1   | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2S1 - EX31A2S1C.<br>ELSE GO TO BOX EX17S1.   |  |  |
| EX31A2S1C     | EX31A2S1       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX17S1  |
|               | BOX EX17S1     | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32AS1 - EX32AS1C.<br>ELSE GO TO BOX EX18S1.   |  |  |
| EX32AS1C      | EX32AS1        | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.<br><br>Is Medicaid indeed paying for (SP)'s ancillaries?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX18S1  |
|               | BOX EX18S1     | routing       | IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD, GO TO EX33S1 - EX33S1C.<br>ELSE GO TO EX33BS1 - EXSBKCT.   |  |  |
| EX33S1C       | EX33S1         | code one      | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br><br>Is Medicaid indeed no longer paying for (his/her) ancillary services?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.. | (01) Continue  | (01) EX33BS1 - EXSBKCT   |
| EXSBKCT       | EX33BS1        | code one      | THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.<br>PRESS "1" TO CONTINUE.   | (01) Continue  | (01) BOX EX20S1  |
|               | BOX EX20S1     | routing       | IF THERE IS ADDITIONAL PREVIOUS ROUND DATA THAT HAS NOT BEEN ANOTHER BPER IN PreloadBPER COLLECTED, GO TO BOX EXS1A.<br>ELSE IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXSEND.<br>ELSE GO TO BOX EX21S1.   |  |  |
|               | BOX EX21S1     | routing       | IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34S1 - USENOLTC.<br>ELSE GO TO BOX EX21AS1.   |  |  |
|               | EX34S1         |               | Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) EX35S1 - VEXPTXTG<br>(01) BOX EX21AS1<br>(-8) BOX EX21AS1<br>(-9) BOX EX21AS1 |
| VEXPTXTG      | EX35S1         | verbatim      | Can you explain this to me?<br>RECORD VERBATIM BELOW.  | (01) [Continuous answer.]                              | (01) BOX EX21AS1   |
|               | BOX EX21AS1    | routing       | IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AS1 - ECAIDECO.<br>ELSE TO TO BOX EXSEND.  |  |  |

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|               | EX35AS1        | code one      | The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?  | (01) STILL PENDING<br>(02) DENIED<br>(-8) Don't Know<br>(-9) Refused                           | (01) BOX EXSEND<br>(02) BOX EXSEND<br>(-8) BOX EXSEND<br>(-9) BOX EXSEND                        |
|               | BOX EXSEND     | routing       | IF THERE IS CURRENT ROUND BILLING TO COLLECT, GO TO BOX EXBEG.<br>ELSE GO TO BOX EXEND.  |  |   |
|               | BOX EXBEG      | routing       | GO TO EX1PRE - EX1PRECT.   |  |   |
| EX1PRECT      | EX1PRE         | code one      | This series of questions asks about (SP)'s expenditures for room and board and ancillary charges while a resident of (FACILITY).<br><br>[The first few questions are about billing and sources of payment when (he/she) first became a resident here on (FAD/RAD).]<br>PRESS "1" TO CONTINUE.  | (01) Continue  | (01) EX2 - ANYBASIC   |
| ANYBASIC      | EX2            | yes/no        | The following questions are about (SP)'s basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE).<br><br>Was there a charge for (her/his) room and board and basic care between (EX REFERENCE START DATE) and (EX REFERENCE END DATE)? Please include any charges to (SP), (her/his) family, or a third party, such as Medicaid, Medicare, or a legal guardian. | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) EX3 - VEXPTXTA<br>(01) BOX EX1A<br>(-8) EX2A - EX2ANAME<br>(-9) EXEND - EXENDCNT           |
| EX2ANAME      | EX2A           | roster        | Please tell me the name of someone in (FACILITY) who could give me that information.<br>SELECT A RESPONSE BELOW OR ADD TO THE PERSON ROSTER.   | (01) [Continuous answer.]  | (01) EXEND - EXENDCNT   |
| VEXPTXTA      | EX3            | verbatim      | Why were there no charges?<br>IF ANSWER IS "MEDICAID PAID", BACK UP TO EX2 AND ENTER "1".<br><br>RECORD VERBATIM.  | (01) [Continuous answer.]  | (01) EXEND - EXENDCNT   |
|               | BOX EX1A       | routing       | If FQ.ANCNVSEP = 1/Indicated, GO TO EX5 - COMRECMM.<br>ELSE GO TO EX4 - ANCILSEP.  |  |   |
| ANCILSEP      | EX4            | yes/no        | Between (EX REFERENCE START DATE) and (EX REFERENCE END DATE), was (SP) billed separately for health-related ancillary services? (That is, were there charges for ancillary services that were not included in the basic rate?)<br>IF FACILITY NEVER BILLS SEPARATELY FOR ANCILLARIES, ENTER 96.<br><br>PRESS F1 FOR DEFINITION OF ANCILLARY SERVICES.                           | (00) NO<br>(01) YES<br>(96) NEVER BILLS SEPARATELY   | (00) EX5 - COMRECMM<br>(01) EX5 - COMRECMM<br>(96) EX5 - COMRECMM                               |
| COMRECMM      | EX5            | date          | Through what date do you have complete billing records for the services provided to (SP)?<br><br>MONTH   | (01) [Continuous answer.]  | (01) EX5 - COMRECDD   |
| COMRECDD      | EX5            | date          | DAY  | (01) [Continuous answer.]  | (01) EX5 - COMRECY  |
| COMRECY       | EX5            | date          | YEAR   | (01) [Continuous answer.]  | (01) BOX EX2AA  |
|               | BOX EX2AA      | routing       | IF BILLING PERIOD LENGTH IS UNKNOWN, GO TO EX6 - BPLENCUR.<br>ELSE GO TO BOX EX2AA1.   |  |   |
| BPLENCUR      | EX6            | code one      | What is the length of the (facility/home)'s billing period? Is it...   | (01) monthly,<br>(02) every two weeks,<br>(03) every week, or<br>(04) quarterly?<br>(91) OTHER | (01) BOX EX2AA1<br>(02) BOX EX2AA1<br>(03) BOX EX2AA1<br>(04) BOX EX2AA1<br>(91) EX6 - BPLNCROS |
| BPLNCROS      | EX6            | verbatim      | OTHER (SPECIFY)  | (01) [Continuous answer.]  | (01) BOX EX2AA1   |
|               | BOX EX2AA1     | routing       | GO TO BOX EX2A.  |  |   |
|               | BOX EX2A       | routing       | IF EX REFERENCE START DATE IS LATER THAN THE DATE FOR WHICH THE FACILITY HAS COMPLETE BILLING RECORDS FOR THE SERVICES PROVIDED TO RESIDENTS, GO TO EXEND - EXENDCNT.<br>ELSE GO TO EX7PRE - EX7PCNT.  |  |   |
| EX7PCNT       | EX7PRE         | code one      | FACILITY HAS UP-TO-DATE RECORDS THROUGH (COMPLETED RECORDS DATE)<br><br>LENGTH OF BILLING PERIOD: (LENGTH OF BILLING PERIOD.)<br>START WITH EARLIEST BILLING PERIOD.<br><br>COLLECT BILLING INFORMATION FROM (EX REFERENCE START DATE) THROUGH (EX REFERENCE END DATE).<br><br>PRESS "1" TO CONTINUE.  | (01) Continue  | (01) FEX2 - BILLINFO  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List   | Routing  |
|---------------|----------------|---------------|--|---|--|
| BILLINFO      | FEX2           | code one      | Do you prefer to report billing information for all billing periods before reporting any payment information or do you prefer to report billing and then payment information for a billing period, then billing and payment information for each remaining billing period?   | (01) ALL BILLING AND THEN ALL PAYMENT INFORMATION<br>(02) BILLING AND PAYMENT INFORMATION BY BILLING PERIOD<br>(-8) Don't Know<br>(-9) Refused  | (01) BOX EX3AB2<br>(02) BOX EX3A<br>(-8) BOX EX3A<br>(-9) EXEND - EXENDCNT   |
|               | BOX EX3A       | routing       | GO TO EX8 - BPBEGDATE.   |   |  |
| BPBEGDATE     | EX8            | Date          | ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.<br>ENTER DATES IN "MM DD YY" FORMAT.<br><br>BP START DATE[: (BILLSTARTDATE)]  | (01) [Continuous answer.]   | (01) EX8 - BPENDDATE   |
| BPENDDATE     | EX8            | Date          | BP END DATE[: (BILLENDDATE)]   | (01) [Continuous answer.]   | (01) EX8 - BPENDDATE   |
|               | BOX EX3A2      | routing       | GO TO EX9 - BILLDAYS.  |   |  |
| BILLDAYS      | EX9            | Numeric       | Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?<br><br>PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.  | (01) [Continuous answer.]   | (01) BOX EX3   |
|               | BOX EX3        | routing       | IF EX9 - BILLDAYS = 0, GO TO EX33B - EXABKCT.<br>ELSE IF (RHDAYS = DK) OR (EX9 - BILLDAYS = RHDAYS AND (BPDAYS = EX9 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11 - BRATRATE.<br>ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9 - BILLDAYS, GO TO EX10 - EX10CODE.<br>ELSE IF (BPDAYS > EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9 - BILLDAYS) OR (BPDAYS = EX9 - BILLDAYS AND EX9 - BILLDAYS > RHDAYS), GO TO EX10A - EX10ACOD.<br>ELSE GO TO EX10 - EX10CODE. |   |  |
| EX10CODE      | EX10           | Code one      | Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.   | (01) SP DISCHARGED TO COMMUNITY<br>(02) SP SENT TO HOSPITAL<br>(03) SP DECEASED<br>(04) SP ADMITTED AFTER BP START DATE<br>(05) SP DISCHARGED TO ANOTHER NH<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused  | (01) BOX EX3B<br>(02) BOX EX3B<br>(03) BOX EX3B<br>(04) BOX EX3B<br>(05) BOX EX3B<br>(91) EX10 - EX10OS<br>(-8) BOX EX3B<br>(-9) BOX EX3B    |
| EX10OS        | EX10           | Code one      | OTHER (SPECIFY)  | (01) [Continuous answer.]   | (01) BOX EX3B  |
| EX10ACOD      | EX10A          | code all      | Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days.<br><br>Can you tell me why I have this discrepancy?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.  | (01) SP SENT TO HOSPITAL, BED HELD<br>(02) SP NOT BILLED ON ADMISSION DAY<br>(03) SP NOT BILLED ON DISCHARGE DAY<br>(04) SP NOT BILLED ON DATE OF DEATH<br>(05) FACILITY CHARGES FLAT-RATE BILLING<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX EX3B<br>(02) BOX EX3B<br>(03) BOX EX3B<br>(04) BOX EX3B<br>(05) BOX EX3B<br>(91) EX10A - EX10AOS<br>(-8) BOX EX3B<br>(-9) BOX EX3B  |
| EX10AOS       | EX10A          | verbatim      | OTHER (SPECIFY)  | (01) [Continuous answer.]   | (01) BOX EX3B  |
|               | BOX EX3B       | routing       | GO TO EX11 - BRATRATE  |   |  |
| BRATRATE      | EX11           | Quantity Unit | Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.)<br><br>[PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]<br><br>What is the amount?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused  | (01) EX11 - BRATUNIT<br>(-8) EX11 - BRATUNIT<br>(-9) EX11 - BRATUNIT   |
| BRATUNIT      | EX11           | Quantity Unit | Is that per day, per month, per quarter, or some other amount of time?   | (01) DAY<br>(02) MONTH<br>(03) QUARTER<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) EX11 - BRATDAYS<br>(02) EX11 - BRATDAYS<br>(03) EX11 - BRATDAYS<br>(91) EX11 - BRATUNOS<br>(-8) EX11 - BRATDAYS<br>(-9) EX11 - BRATDAYS |
| BRATUNOS      | EX11           | verbatim      | OTHER (SPECIFY)  | (01) [Continuous answer.]   | (01) EX11 - BRATDAYS   |
| BRATDAYS      | EX11           | Numeric       | How many days were billed at that rate?  | (01) [Continuous answer.]   | (01) BOX EX4   |
|               | BOX EX4        | routing       | IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5.<br>ELSE GO TO BOX EX3B.   |   |  |
|               | BOX EX5        | routing       | IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PRE - EX15PRCT.<br>ELSE GO TO BOX EX7B.   |   |  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List  | Routing   |
|---------------|----------------|---------------|--|--|---|
| EX15PRCT      | EX15PRE        | code one      | The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.<br><br>(Please do not include non-health-related services such as hairdressing, television, or telephone).<br><br>PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.<br><br>PRESS "1" TO CONTINUE.  | (01) Continue  | (01) EX16 - ANCLPOST  |
| ANCLPOST      | EX16           | yes/no        | Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) BOX EX7B<br>(01) EX17 - ANYANCIL<br>(-8) BOX EX7B<br>(-9) BOX EX7B   |
| ANYANCIL      | EX17           | yes/no        | Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?  | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) BOX EX7B<br>(01) EX18 - ANCILAMT<br>(-8) BOX EX7B<br>(-9) BOX EX7B   |
| ANCILAMT      | EX18           | dollar        | Altogether, what was the total charge for those health-related ancillary services?   | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX7B<br>(-8) BOX EX7B<br>(-9) BOX EX7B   |
|               | BOX EX7B       | routing       | GO TO EX20 - RECDBASP  |  |   |
| RECDBASP      | EX20           | yes/no        | Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?   | (00) NO<br>(01) YES  | (00) BOX EX14<br>(01) EX21AA - ADDSOP1  |
| ADDSOP1       | EX21AA         | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?   | (00) NO<br>(01) YES  | (00) EX21AC - BASRATE<br>(01) EX21AB - PAYMPLN1   |
| PAYMPLN1      | EX21AB         | code all      | What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br><br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.  | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX21AC - BASRATE<br>(02) EX21AC - BASRATE<br>(03) EX21AC - BASRATE<br>(04) EX21AC - BASRATE<br>(05) EX21AC - BASRATE<br>(06) EX21AC - BASRATE<br>(07) EX21AC - BASRATE<br>(08) EX21AC - BASRATE<br>(09) EX21AB - HMOOS1<br>(10) EX21AC - BASRATE<br>(91) EX21AB - SOPOS1<br>(-8) EX21AC - BASRATE<br>(-9) EX21AC - BASRATE |
| HMOOS1        | EX21AB         | verbatim      | HMO CONTRACT (SPECIFY)   | (01) [Continuous answer.]  | (01) EX21AC - BASRATE   |
| SOPOS1        | EX21AB         | verbatim      | OTHER (SPECIFY)  | (01) [Continuous answer.]  | (01) EX21AC - BASRATE   |
| BASRATE       | EX21AC         | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?   | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX7C<br>(-8) BOX EX7C<br>(-9) BOX EX7C   |
|               | BOX EX7C       | routing       | IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21B - VEXPTXTB.<br>ELSE GO TO BOX EX8.   |  |   |
| VEXPTXTB      | EX21B          | Verbatim Text | Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).<br><br>Please tell me why Medicare paid for (SP) during this billing period.<br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.<br><br>IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.                            | (01) [Continuous answer.]  | (01) BOX EX8  |
|               | BOX EX8        | routing       | IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9.<br>ELSE GO TO EX22 - BAS10PCT. |  |   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing  |
|---------------|----------------|---------------|---|--|--|
| BAS10PCT      | EX22           | code one      | There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?<br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".   | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX EX9<br>(02) BOX EX9<br>(91) EX22 - BAS10POS<br>(-8) BOX EX9<br>(-9) BOX EX9 |
| BAS10POS      | EX22           | verbatim      | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) BOX EX9   |
|               | BOX EX9        | routing       | IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1 - EX23A1C.<br>ELSE GO TO BOX EX9AA.   |  |  |
| EX23A1C       | EX23A1         | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX9AA   |
|               | BOX EX9AA      | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2 - EX23A2C.<br>ELSE GO TO BOX EX10.  |  |  |
| EX23A2C       | EX23A2         | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX10  |
|               | BOX EX10       | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX24A - EX24AC.<br>ELSE GO TO BOX EX11.  |  |  |
| EX24AC        | EX24A          | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX11  |
|               | BOX EX11       | routing       | IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25 - EX25C.<br>ELSE GO TO BOX EX12.   |  |  |
| EX25C         | EX25           | code          | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br><br>Is Medicaid indeed no longer paying for (her/his) care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS. | (01) Continue  | (01) BOX EX12  |
|               | BOX EX12       | routing       | IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26 - CAREPRTB.<br>ELSE GO TO BOX EX14.   |  |  |
| CAREPRTB      | EX26           | yes/no        | Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?<br><br>IF NECESSARY, BACK UP TO CORRECT PAYMENTS.   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused   | (00) EX27 - VBPETXTE<br>(01) BOX EX14<br>(-8) EX27 - VBPETXTE<br>(-9) BOX EX14       |
| VBPETXTE      | EX27           | Verbatim Text | Can you tell me why the Medicare payment is so small?<br><br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.  | (01) [Continuous answer.]  | (01) BOX EX14  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing   |
|---------------|----------------|---------------|---|--|---|
|               | BOX EX14       | routing       | IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28 - RECDANCP. ELSE GO TO EX33B - EXABKCT.   |  |   |
| RECDANCP      | EX28           | yes/no        | Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?   | (00) NO<br>(01) YES  | (00) EX33B - EXABKCT<br>(01) EX29AA - ADDSOP2   |
| ADDSOP2       | EX29AA         | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?  | (00) NO<br>(01) YES  | (00) EX29AC - ANCRATE<br>(01) EX29AB - PAYMPLN2   |
| PAYMPLN2      | EX29AB         | code all      | What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br><br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.   | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX29AC - ANCRATE<br>(02) EX29AC - ANCRATE<br>(03) EX29AC - ANCRATE<br>(04) EX29AC - ANCRATE<br>(05) EX29AC - ANCRATE<br>(06) EX29AC - ANCRATE<br>(07) EX29AC - ANCRATE<br>(08) EX29AC - ANCRATE<br>(09) EX29AB - HMOOS2<br>(10) EX29AC - ANCRATE<br>(91) EX29AB - SOPOS2<br>(-8) EX29AC - ANCRATE<br>(-9) EX29AC - ANCRATE |
| HMOOS2        | EX29AB         | Verbatim Text | HMO CONTRACT (SPECIFY)  | (01) [Continuous answer.]  | (01) EX29AC - ANCRATE   |
| SOPOS2        | EX29AB         | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) EX29AC - ANCRATE   |
| ANCRATE       | EX29AC         | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX15<br>(-8) BOX EX15<br>(-9) BOX EX15   |
|               | BOX EX15       | routing       | IF EX18 - ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18 - ANCILAMT*1.1)), GO TO BOX EX16. ELSE GO TO EX30 - ANC10PCT. |  |   |
| ANC10PCT      | EX30           | code one      | There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?<br><br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".  | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX16<br>(02) BOX EX16<br>(91) EX30 - ANC10POS<br>(-8) BOX EX16<br>(-9) BOX EX16  |
| ANC10POS      | EX30           | verbatim text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) BOX EX16   |
|               | BOX EX16       | routing       | IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1 - EX31A1C. ELSE GO TO BOX EX16AA.   |  |   |
| EX31A1C       | EX31A1         | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX16AA   |
|               | BOX EX16AA     | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2 - EX31A2C. ELSE GO TO BOX EX-17.  |  |   |
| EX31A2C       | EX31A2         | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX17   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing  |
|---------------|----------------|---------------|---|--|--|
|               | BOX EX17       | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32A - EX32AC.<br>ELSE GO TO BOX EX18.  |  |  |
| EX32AC        | EX32A          | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.<br><br>Is Medicaid indeed paying for (SP)'s ancillaries?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX18  |
|               | BOX EX18       | routing       | IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33 - EX33C.<br>ELSE GO TO EX33B - EXABKCT.   |  |  |
| EX33C         | EX33           | code one      | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br><br>Is Medicaid indeed no longer paying for (his/her) ancillary services?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS. | (01) Continue  | (01) EX33B - EXABKCT   |
| EXABKCT       | EX33B          | code one      | THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD WHERE YOU CAN BACK UP TO MAKE CORRECTIONS.<br><br>PRESS "1" TO CONTINUE.  | (01) Continue  | (01) BOX EX20  |
|               | BOX EX20       | routing       | IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3A.<br>ELSE GO TO BOX EX21.  |  |  |
|               | BOX EX21       | routing       | IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34 - USENOLTC.<br>ELSE GO TO BOX EX21A.  |  |  |
| USENOLTC      | EX34           | yes/no        | Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?  | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused               | (00) EX35 - VEXPTXTG<br>(01) BOX EX21A<br>(-8) BOX EX21A<br>(-9) BOX EX21A                       |
| VEXPTXTG      | EX35           | verbatim text | Can you explain this to me?<br><br>RECORD VERBATIM BELOW.   | (01) [Continuous answer.]  | (01) BOX EX21A   |
|               | BOX EX21A      | routing       | IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35A - ECAIDECO.<br>ELSE GO TO EXEND - EXENDCNT.   |  |  |
| ECAIDECO      | EX35A          | code one      | The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?   | (01) STILL PENDING<br>(02) DENIED<br>(-8) Don't Know<br>(-9) Refused | (01) EXEND - EXENDCNT<br>(02) EXEND - EXENDCNT<br>(-8) EXEND - EXENDCNT<br>(-9) EXEND - EXENDCNT |
|               | BOX EX3AB2     | routing       | GO TO EX8B2 - BPBEGDATE.  |  |  |
| BPBEGDATE     | EX8B2          | Date          | ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.<br><br>BP START DATE[: (BILLSTARTDATE)]  | (01) [Continuous answer.]  | (01) EX8B2 - BPENDDATE   |
| BPENDDATE     | EX8B2          | Date          | ENTER THE START AND END DATES FOR THE (NEXT) BILLING PERIOD.<br><br>BP END DATE[: (BILLEDDATE)]   | (01) [Continuous answer.]  | (01) BOX EX3A2B2   |
|               | BOX EX3A2B2    | routing       | GO TO EX9B2 - BILLDAYS.   |  |  |
| BILLDAYS      | EX9B2          | Numeric       | Between (BP START DATE) and (BP END DATE), how many days was (SP) billed for care?<br><br>PRESS F1 FOR HELP ENTERING FLAT-RATE BILLING.   | (01) [Continuous answer.]  | (01) BOX EX3B2   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List   | Routing   |
|---------------|----------------|---------------|---|---|---|
|               | BOX EX3B2      | routing       | IF EX9B2 - BILLDAYS = 0, THEN GO TO BOX EX6B2.<br>ELSE IF (RHDAYS = DK) OR (EX9B2 - BILLDAYS = RHDAYS AND (BPDAYS = EX9B2 - BILLDAYS OR (RHDAYS < BPDAYS))), GO TO EX11B2 - BRATRATE.<br>ELSE IF BPDAYS = RHDAYS AND RHDAYS > EX9B2 - BILLDAYS, GO TO EX10B2 - EX10CODE.<br>ELSE IF (BPDAYS > EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS) OR (BPDAYS > RHDAYS AND RHDAYS > EX9B2 - BILLDAYS) OR (BPDAYS = EX9B2 - BILLDAYS AND EX9B2 - BILLDAYS > RHDAYS), GO TO EX10AB2 - EX10ACOD.<br>ELSE GO TO EX10B2 - EX10CODE. |   |   |
| EX10CODE      | EX10B2         | code all      | Can you tell me why I have a discrepancy between the number of days in this billing period, that is, (DAYS IN BILLING PERIOD) and the number of days for which (SP) was billed, that is, (DAYS BILLED)?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.  | (01) SP DISCHARGED TO COMMUNITY<br>(02) SP SENT TO HOSPITAL<br>(03) SP DECEASED<br>(04) SP ADMITTED AFTER BP START DATE<br>(05) SP DISCHARGED TO ANOTHER NH<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused  | (01) BOX EX3BB2<br>(02) BOX EX3BB2<br>(03) BOX EX3BB2<br>(04) BOX EX3BB2<br>(05) BOX EX3BB2<br>(91) EX10B2 - EX10OS<br>(-8) BOX EX3BB2<br>(-9) BOX EX3BB2   |
| EX10OS        | EX10B2         | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]   | (01) BOX EX3BB2   |
| EX10ACOD      | EX10AB2        | code all      | Earlier, I collected information that (SP) was a resident of this (facility/home) for (NUMBER OF DAYS SP IN ELIGIBLE FACILITY) days during this billing period. Yet, (he/she) was billed for (DAYS BILLED) days.<br><br>Can you tell me why I have this discrepancy?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.   | (01) SP SENT TO HOSPITAL, BED HELD<br>(02) SP NOT BILLED ON ADMISSION DAY<br>(03) SP NOT BILLED ON DISCHARGE DAY<br>(04) SP NOT BILLED ON DATE OF DEATH<br>(05) FACILITY CHARGES FLAT-RATE BILLING<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX EX3BB2<br>(02) BOX EX3BB2<br>(03) BOX EX3BB2<br>(04) BOX EX3BB2<br>(05) BOX EX3BB2<br>(91) EX10AB2 - EX10AOS<br>(-8) BOX EX3BB2<br>(-9) BOX EX3BB2 |
| EX10AOS       | EX10AB2        | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]   | (01) BOX EX3BB2   |
|               | BOX EX3BB2     | routing       | GO TO EX11B2 - BRATRATE.  |   |   |
| BRATRATE      | EX11B2         | Quantity Unit | Between (BP START DATE) and (BP END DATE), what rates were billed for (SP)'s care? (I'll ask about billing for ancillary services later.)<br><br>[PROBE: If more than one rate was billed, let's start with the first rate within the billing period.]<br><br>What is the amount?   | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused  | (01) EX11B2 - BRATUNIT<br>(-8) EX11B2 - BRATUNIT<br>(-9) EX11B2 - BRATUNIT  |
| BRATUNIT      | EX11B2         | Quantity Unit | Is that per day, per month, per quarter, or some other amount of time?  | (01) DAY<br>(02) MONTH<br>(03) QUARTER<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) EX11B2 - BRATDAYS<br>(02) EX11B2 - BRATDAYS<br>(03) EX11B2 - BRATDAYS<br>(91) EX11B2 - BRATUNOS<br>(-8) EX11B2 - BRATDAYS<br>(-9) EX11B2 - BRATDAYS    |
| BRATUNOS      | EX11B2         | Quantity Unit | OTHER (SPECIFY)   | (01) [Continuous answer.]   | (01) EX11B2 - BRATDAYS  |
| BRATDAYS      | EX11B2         | Quantity Unit | How many days were billed at that rate?   | (01) [Continuous answer.]   | (01) BOX EX4B2  |
|               | BOX EX4B2      | routing       | IF ALL BILLED DAYS IN THE BILLING PERIOD HAVE BEEN ACCOUNTED FOR, GO TO BOX EX5B2.<br>ELSE GO TO BOX EX3BB2.  |   |   |
|               | BOX EX5B2      | routing       | IF SP BILLED SEPARATELY FOR ANCILLARIES, GO TO EX15PREB2 - EX15PRCT.<br>ELSE GO TO BOX EX6B2.   |   |   |
| EX15PRCT      | EX15PREB2      | code one      | The next questions are about health-related services received by (SP) for which there was a separate charge, that is, your (facility/home)'s ancillary services.<br><br>(Please do not include non-health-related services such as hairdressing, television, or telephone).<br><br>PRESS F1 FOR EXAMPLES OF NON-HEALTH-RELATED ANCILLARIES.<br><br>PRESS "1" TO CONTINUE.   | (01) Continue   | (01) EX16B2 - ANCLPOST  |
| ANCLPOST      | EX16B2         | yes/no        | Have all charges for ancillaries been posted for the period from (BP START DATE) to (BP END DATE)?  | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused  | (00) BOX EX6B2<br>(01) EX17B2 - ANYANCIL<br>(-8) BOX EX6B2<br>(-9) BOX EX6B2  |
| ANYANCIL      | EX17B2         | Yes/No        | Does (SP) have any ancillary charges between (BP START DATE) and (BP END DATE)?   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused  | (00) BOX EX6B2<br>(01) EX18B2 - ANCLAMT<br>(-8) BOX EX6B2<br>(-9) BOX EX6B2   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing   |
|---------------|----------------|---------------|---|--|---|
| ANCILAMT      | EX18B2         | dollar        | Altogether, what was the total charge for those health-related ancillary services?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX6B2<br>(-8) BOX EX6B2<br>(-9) BOX EX6B2  |
|               | BOX EX6B2      | routing       | IF AMOUNTS BILLED FOR ALL BILLING PERIODS HAVE NOT BEEN COLLECTED, GO TO BOX EX3AB2. ELSE GO TO BOX EX6BB2.   |  |   |
|               | BOX EX6BB2     | routing       | IF THERE ARE ANY BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2. ELSE GO TO BOX EX21B2.  |  |   |
|               | BOX EX7BB2     | routing       | GO TO EX20B2 - RECDBASP.  |  |   |
| RECDBASP      | EX20B2         | yes/no        | Have you received all of the payments for basic care you expect to receive for (SP) during the [READ BILLING PERIOD ABOVE] billing period?  | (00) NO<br>(01) YES  | (00) BOX EX14B2<br>(01) EX21AAB2 - ADDSOP1  |
| ADDSOP1       | EX21AAB2       | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?  | (00) NO<br>(01) YES  | (00) EX21ACB2 - BASRATE<br>(01) EX21ABB2 - PAYMPLN1   |
| PAYMPLN1      | EX21ABB2       | code all      | What Source(s) of Payment do you need to add for (SP)'s basic care for [READ BILLING PERIOD ABOVE]?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br><br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.   | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX21ACB2 - BASRATE<br>(02) EX21ACB2 - BASRATE<br>(03) EX21ACB2 - BASRATE<br>(04) EX21ACB2 - BASRATE<br>(05) EX21ACB2 - BASRATE<br>(06) EX21ACB2 - BASRATE<br>(07) EX21ACB2 - BASRATE<br>(08) EX21ACB2 - BASRATE<br>(09) EX21ABB2 - HMOOS1<br>(10) EX21ACB2 - BASRATE<br>(91) EX21ABB2 - SOPOS1<br>(-8) EX21ACB2 - BASRATE<br>(-9) EX21ACB2 - BASRATE |
| HMOOS1        | EX21ABB2       | Verbatim Text | HMO CONTRACT (SPECIFY)  | (01) [Continuous answer.]  | (01) EX21ACB2 - BASRATE   |
| SOPOS1        | EX21ABB2       | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) EX21ACB2 - BASRATE   |
| BASRATE       | EX21ACB2       | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX7CB2<br>(-8) BOX EX7CB2<br>(-9) BOX EX7CB2   |
|               | BOX EX7CB2     | routing       | IF MEDICARE IS IDENTIFIED AS A SOURCE OF PAYMENT FOR BASIC CARE AND THERE IS NO STAY IN A HOSPITAL BETWEEN (BP START DATE - 60 DAYS) AND (BP END DATE + 60 DAYS) DATE AND THIS WAS NOT EXPLAINED THIS ROUND, GO TO EX21BB2 - VEXPTXTB. ELSE GO TO BOX EX8B2.  |  |   |
| VEXPTXTB      | EX21BB2        | Verbatim Text | Medicare has been reported as a payment source for basic care for (SP) for [READ BILLING PERIOD ABOVE], but I have not recorded any preceding hospital stays for (him/her).<br><br>Please tell me why Medicare paid for (SP) during this billing period.<br><br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT.<br><br>IF HOSPITAL STAY IS REPORTED, RECORD DATES OF STAY BELOW.                           | (01) [Continuous answer.]  | (01) BOX EX8B2  |
|               | BOX EX8B2      | routing       | IF BPER.BASICAMT = DK, RF OR BPER.BASICPAY = DK OR ((BASICPAY >= BASICAMT*0.9) AND (BASICPAY <= BASICAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX22B2 - BAS10PCT WAS ASKED THIS ROUND AND (BASICPAY >= BASICAMT*0.7) AND (BASICPAY <= BASICAMT*1.1)), GO TO BOX EX9B2. ELSE GO TO EX22B2 - BAS10PCT. |  |   |
| BAS10PCT      | EX22B2         | code one      | There seems to be a difference between what (FACILITY) billed between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for this billing period is (TOTAL AMOUNT BILLED FOR THIS BILLING PERIOD) and the total payments for the period are (SUM OF EX21 PAYMENTS). Why is that?<br><br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".                           | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX9B2<br>(02) BOX EX9B2<br>(91) EX22B2 - BAS10POS<br>(-8) BOX EX9B2<br>(-9) BOX EX9B2  |
| BAS10POS      | EX22B2         | verbatim text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) BOX EX9B2  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing  |
|---------------|----------------|---------------|---|--|--|
|               | BOX EX9B2      | routing       | IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A1B2 - EX23A1B2C.<br>ELSE GO TO BOX EX9AAB2.   |  |  |
| EX23A1B2C     | EX23A1B2       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX9AAB2   |
|               | BOX EX9AAB2    | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX23A2B2 - EX23A2B2C.<br>ELSE GO TO BOX EX10B2.  |  |  |
| EX23A2B2C     | EX23A2B2       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX 10B2  |
|               | BOX EX10B2     | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX24AB2 - EX24AB2C.<br>ELSE GO TO BOX EX11B2.  |  |  |
| EX24AB2C      | EX24AB2        | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient, but I have identified Medicaid as a source of payment.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.   | (01) Continue  | (01) BOX EX11B2  |
|               | BOX EX11B2     | routing       | IF MEDICAID IS NOT IDENTIFIED AS A PAYMENT SOURCE FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING BILLING PERIOD, GO TO EX25B2 - EX25B2C.<br>ELSE GO TO BOX EX12B2.   |  |  |
| EX25B2C       | EX25B2         | code one      | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care. Earlier, I recorded that (his/her) basic charges from a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br><br>Is Medicaid indeed no longer paying for (her/his) care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS. | (01) Continue  | (01) BOX EX12B2  |
|               | BOX EX12B2     | routing       | IF MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND THE AMOUNT PAID BY MEDICARE REPRESENTS LESS THAN 10 PERCENT OF THE TOTAL PAYMENTS RECEIVED FOR THE BILLING PERIOD, GO TO EX26B2 - CAREPRTB.<br>ELSE GO TO BOX EX14B2.   |  |  |
| CAREPRTB      | EX26B2         | yes/no        | Medicare's payment for this billing period represents less than 10 percent of the total payments for basic care. Is this Medicare payment a Part B payment?<br><br>IF NECESSARY, BACK UP TO CORRECT PAYMENTS.   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused | (00) EX27B2 - VBPETXTE<br>(01) BOX EX14B2<br>(-8) EX27B2 - VBPETXTE<br>(-9) BOX EX14B2 |
| VBPETXTE      | EX27B2         | Verbatim Text | Can you tell me why the Medicare payment is so small?<br>RECORD VERBATIM BELOW. IF NECESSARY, BACK UP TO CORRECT PAYMENTS.  | (01) [Continuous answer.]                              | (01) BOX EX14B2  |
|               | BOX EX14B2     | routing       | IF SP HAS ANY ANCILLARY CHARGES BETWEEN THE BILLING PERIOD START DATE AND THE BILLING PERIOD END DATE, GO TO EX28B2 - RECDANCP.<br>ELSE GO TO EX33BB2 - EXBBKCT.  |  |  |
| RECDANCP      | EX28B2         | yes/no        | Have you received all the payments you expect to receive for (SP)'s ancillary services during the [READ BILLING PERIOD ABOVE] billing period?   | (00) NO<br>(01) YES                                    | (00) EX33BB2 - EXBBKCT<br>(01) EX29AAB2 - ADDSOP2                                      |
| ADDSOP2       | EX29AAB2       | yes/no        | Do you need to add any Source(s) of Payment for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?  | (00) NO<br>(01) YES                                    | (00) EX29ACB2 - ANCRATE<br>(01) EX29ABB2 - PAYMPLN2                                    |

| Variable Name | MR Screen Name | Question Type | Question Text/Description   | Code List  | Routing   |
|---------------|----------------|---------------|---|--|---|
| PAYMPLN2      | EX29ABB2       | code all      | What Source(s) of Payment do you need to add for (SP)'s ancillary services for [READ BILLING PERIOD ABOVE]?<br><br>SELECT ALL THAT APPLY.<br>SEPARATE RESPONSES BY USING THE SPACEBAR.<br><br>IF NO RESPONSES ARE AVAILABLE, BACK UP AND CORRECT YOUR RESPONSE.   | (01) MEDICAID<br>(02) PRIVATE PAY OR SP/FAMILY INCOME<br>(03) SOCIAL SECURITY<br>(04) SP/FAMILY INCOME<br>(05) PRIVATE INSURANCE<br>(06) PENSION<br>(07) MEDICARE<br>(08) VA CONTRACT<br>(09) HMO CONTRACT<br>(10) SUPPLEMENTAL SECURITY INCOME (SSI)<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) EX29ACB2 - ANCRATE<br>(02) EX29ACB2 - ANCRATE<br>(03) EX29ACB2 - ANCRATE<br>(04) EX29ACB2 - ANCRATE<br>(05) EX29ACB2 - ANCRATE<br>(06) EX29ACB2 - ANCRATE<br>(07) EX29ACB2 - ANCRATE<br>(08) EX29ACB2 - ANCRATE<br>(09) EX29ABB2 - HMOOS2<br>(10) EX29ACB2 - ANCRATE<br>(91) EX29ABB2 - SOPOS2<br>(-8) EX29ACB2 - ANCRATE<br>(-9) EX29ACB2 - ANCRATE |
| HMOOS2        | EX29ABB2       | Verbatim Text | HMO CONTRACT (SPECIFY)  | (01) [Continuous answer.]  | (01) EX29ACB2 - ANCRATE   |
| SOPOS2        | EX29ABB2       | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) EX29ACB2 - ANCRATE   |
| ANCRATE       | EX29ACB2       | Grid          | What is the total amount each source paid for [READ BILLING PERIOD ABOVE]?  | (01) [Continuous answer.]<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX15B2<br>(-8) BOX EX15B2<br>(-9) BOX EX15B2   |
|               | BOX EX15B2     | routing       | IF EX18B2 - .ANCILAMT = DK, RF OR BPER.ANCILPAY = DK OR ((BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.9) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (MEDICAID IS A SOURCE OF PAYMENT AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)) OR (A WRITE-OFF WAS PREVIOUSLY REPORTED AND EX30B2 - ANC10PCT WAS ASKED THIS BP ROUND AND (BPER.ANCILPAY >= EX18B2 - ANCILAMT*0.7) AND (BPER.ANCILPAY <= EX18B2 - ANCILAMT*1.1)), GO TO BOX EX16B2.<br>ELSE GO TO EX30B2 - ANC10PCT. |  |   |
| ANC10PCT      | EX30B2         | code one      | There seems to be a difference between what (FACILITY) billed for ancillary services between (BP START DATE) and (BP END DATE) and the payments received. The total amount billed I have entered for [READ BILLING PERIOD ABOVE] is (TOTAL AMOUNT BILLED FOR BILLING PERIOD) and the total payments for the period are (SUM OF ANCILLARY PAYMENTS). Why is that?<br><br>PRESS F1 FOR DEFINITION OF "MEDICAID WRITE-OFF".  | (01) MEDICAID WRITE-OFF/ADJUSTMENT<br>(02) OTHER WRITE-OFF/ADJUSTMENT<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused   | (01) BOX EX16B2<br>(02) BOX EX16B2<br>(91) EX30B2 - ANC10POS<br>(-8) BOX EX16B2<br>(-9) BOX EX16B2  |
| ANC10POS      | EX30B2         | Verbatim Text | OTHER (SPECIFY)   | (01) [Continuous answer.]  | (01) BOX EX16B2   |
|               | BOX EX16B2     | routing       | IF (MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICAID CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A1B2 - EX31A1B2C.<br>ELSE GO TO BOX EX16AAB2.  |  |   |
| EX31A1B2C     | EX31A1B2       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicaid but I have identified Medicaid as a payment source.<br><br>Is Medicaid indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX16AAB2   |
|               | BOX EX16AAB2   | routing       | IF (MEDICARE IS IDENTIFIED AS A PAYMENT SOURCE AND FACILITY IS NOT MEDICARE CERTIFIED AND FACILITY HAS NEVER CONFIRMED), GO TO EX31A2B2 - EX31A2B2C.<br>ELSE GO TO BOX EX17B2 .   |  |   |
| EX31A2B2C     | EX31A2B2       | code one      | I seem to have recorded some discrepant information. Earlier, I recorded that (FACILITY) is not certified by Medicare but I have identified Medicare as a payment source.<br><br>Is Medicare indeed paying for (SP)'s care?<br><br>IF YES, PRESS '1' TO CONTINUE.<br><br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX17B2   |
|               | BOX EX17B2     | routing       | IF THIS IS THE FIRST TIME MEDICAID IS IDENTIFIED AS A PAYMENT SOURCE FOR AN SP WHOSE MEDICAID STATUS IN THIS ROUND IS "NO" GO TO EX32AB2 - EX32AB2C.<br>ELSE GO TO BOX EX18B2.  |  |   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description  | Code List  | Routing  |
|---------------|----------------|---------------|--|--|--|
| EX32AB2C      | EX32AB2        | code one      | Earlier, I recorded that (SP) was not a Medicaid recipient but I have identified Medicaid as a source of payment.<br>Is Medicaid indeed paying for (SP)'s ancillaries?<br>IF YES, PRESS '1' TO CONTINUE.<br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS.  | (01) Continue  | (01) BOX EX18B2  |
|               | BOX EX18B2     | routing       | IF MEDICAID IS NOT IDENTIFIED AS PAYMENT SOURCE FOR ANCILLARIES FOR THE CURRENT BILLING PERIOD BUT APPEARS IN THE PRECEDING PERIOD (INCLUDING IF THE BILLING PERIOD OCCURRED IN THE PREVIOUS ROUND), GO TO EX33B2 - EX33B2C.<br>ELSE GO TO EX33BB2 - EXBBKCT.  |  |  |
| EX33B2C       | EX33B2         | code one      | It seems that I might have made a mistake in identifying the various sources of payment for (SP)'s care.<br>Earlier, I recorded that (his/her) charges for ancillaries in a previous billing period were paid by Medicaid, and in this billing period, Medicaid is no longer a payment source.<br>Is Medicaid indeed no longer paying for (his/her) ancillary services?<br>IF YES, PRESS '1' TO CONTINUE.<br>IF NO, BACK UP TO MAKE APPROPRIATE CORRECTIONS. | (01) Continue  | (01) EX33BB2 - EXBBKCT   |
| EXBBKCT       | EX33BB2        | code one      | THIS IS THE LAST SCREEN FOR THIS BILLING PERIOD .<br>PRESS "1" TO CONTINUE.  | (01) Continue  | (01) BOX EX20B2  |
|               | BOX EX20B2     | routing       | IF THERE ARE ANY ADDITIONAL BILLING PERIODS FOR WHICH BILLED DAYS > 0 AND FOR WHICH PAYMENT DATA HAS NOT ALREADY BEEN COLLECTED, GO TO BOX EX7BB2.<br>ELSE GO TO BOX EX21B2.   |  |  |
|               | BOX EX21B2     | routing       | IF PRIVATE PAY HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT AND SP WAS COVERED BY A LONG-TERM CARE POLICY, GO TO EX34B2 - USENOLTC.<br>ELSE GO TO BOX EX21AB2.   |  |  |
| USENOLTC      | EX34B2         | yes/no        | Earlier I was told that (SP) had long-term care insurance from (NAME OF FIRST LTC INSURANCE COMPANY REPORTED). Is it correct that this policy paid for none of (his/her) care?   | (00) NO<br>(01) YES<br>(-8) Don't Know<br>(-9) Refused               | (00) EX35B2 - VEXPTXTG<br>(01) BOX EX21AB2<br>(-8) BOX EX21AB2<br>(-9) BOX EX21AB2               |
| VEXPTXTG      | EX35B2         | Verbatim Text | Can you explain this to me?<br>RECORD VERBATIM BELOW.  | (01) [Continuous answer.]  | (01) BOX EX21AB2   |
|               | BOX EX21AB2    | routing       | IF IT IS PENDING WHETHER SP HAS BEEN COVERED BY MEDICAID FROM CRIN-1 AND MEDICAID HAS NEVER BEEN REPORTED AS A SOURCE OF PAYMENT, GO TO EX35AB2 - ECAIDECO.<br>ELSE GO TO EXEND - EXENDCNT.  |  |  |
| ECAIDECO      | EX35AB2        | code one      | The last time I was here, I collected information that (SP)'s [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] eligibility status was pending. Is it still pending or has [(PREFERRED NAME(S) FOR MEDICAID)/MEDICAID] been denied?  | (01) STILL PENDING<br>(02) DENIED<br>(-8) Don't Know<br>(-9) Refused | (01) EXEND - EXENDCNT<br>(02) EXEND - EXENDCNT<br>(-8) EXEND - EXENDCNT<br>(-9) EXEND - EXENDCNT |
| EXENDCNT      | EXEND          | code one      | (Thank you for your time, I will need to talk to this person to complete these questions.)<br>(YOU HAVE COMPLETED THE EXPENDITURES SECTION FOR THIS SP.)<br>PRESS "1" TO RETURN TO NAVIGATION SCREEN.  | (01) Continue  | (01) BOX EXEND   |
|               | BOX EXEND      | routing       | GO TO NAVIGATOR  |  |  |